00640

MARYLAND 00639

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH: COUNTY Montgomery; CITY OR TOWN Takoma Park; MARYLAND; LENGTH OF STAY (in this place) 17; HOSPITAL OR INSTITUTION OR STREET ADDRESS 75 Wash. Sant. + Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase; STREET ADDRESS (If rural, give location) 4835 Langdrum Lane

3. NAME OF DECEASED (Type or Print): (First) Edith (Middle) Brooks (Last) Aldridge

4. DATE OF DEATH: (Month) Jan (Day) 23 (Year) 19-55

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: Sept 28-1881

9. AGE last birthday: 73 yrs. If under 1 year: Months; Days; If under 24 hrs: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Nurse

10b. KIND OF BUSINESS OR INDUSTRY: U.S. Health Dept

11. BIRTHPLACE (State or foreign country): New Jersey

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Geo F. Aldridge

14. MOTHER'S MAIDEN NAME: Elizabeth Brooks

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No; (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Herbert F Aldridge Brother; Same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) (1) Cerebral Hemorrhage = left hemiplegia. — Interval Between Onset and Death: 2 weeks

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) (2) Chronic Nephritis = Uremia — Undetermined

(c)

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death. Left Nephroctomy (old)

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: —

(CITY OR TOWN) (COUNTY) (STATE): —

TIME OF INJURY (Month) (Day) (Year) (Hour): [redacted]

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1, 19-54, to Jan 23, 19-55, that I last saw the deceased alive on Jan 21, 19-55, and that death occurred at 12-55 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Chas L Ball MD — 7835 Eastern Ave Silver Spring Md — Jan 23, 1955

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 1-25-55 — NAME OF CEMETERY OR CREMATORY: Cedar Hill Cem — LOCATION (City, town, or county) (State): Mt George Co Md

DATE REC'D BY LOCAL REG.: Jan. 23-1955 — REGISTRAR'S SIGNATURE: J. Milton Dodd

24. FUNERAL DIRECTOR — ADDRESS: S.H. Hines Co 2901-14th St. N.W. Wash. D.C.

MARGIN RESERVED FOR BINDING

RECEIVED
JAN 25 1955
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00641

00662

CERTIFICATE OF DEATH

Reg. Dist. No. 215

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY: Montgomery — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): X Bethesda Rural
LENGTH OF STAY (in this place): 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 51 U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: District of Columbia
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Washington, D.C. 47X.3
STREET ADDRESS (If rural give location): 122 11th Street, S.E.

3. NAME OF DECEASED: (First) William (Middle) (n) (Last) ALLAN

4. DATE OF DEATH: (Month) January (Day) 28 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: 2-14-76

9. AGE last birthday: 78 yrs. IF UNDER 1 YEAR: Months / Days. IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mariner Retired

10B. KIND OF BUSINESS OR INDUSTRY: Mariner

11. BIRTHPLACE (State or foreign country): Scottland

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: William M. ALLAN

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): Yes

(If Yes, give war or dates of service): Spanish American

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: Wife Mrs. Amelia N. ALLAN Same asabove

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

491 X

IMMEDIATE CAUSE (A) Diffuse lobular pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSE (B) DUE TO (Pneumococcus)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Arteriosclerotic Heart Disease — unknown

19A. DATE OF OPERATION: 2

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 27 Jan, 1955, to 28 Jan, 1955 that I last saw the deceased alive on 28 Jan, 1955, and that death occurred at 2:40 A M, from the causes and on the date stated above.

SIGNATURE: P. G. BAMBURG LT MC USN — ADDRESS: U. S. Naval Hospital, NNMC, Bethesda, Maryland — DATE SIGNED: 1-28-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

DATE THEREOF: 31 Jan 1955

NAME OF CEMETERY OR CREMATORY: Arlington National Cemetery

LOCATION (City, town, or county) (State): Arlington, Virginia

DATE REC'D BY LOCAL REGISTRAR: 28 Jan 1955

REGISTRAR'S SIGNATURE: Mary E. Farrelly

24. FUNERAL DIRECTOR: MATTINGLY Funeral Home

ADDRESS: 131 11th Street, S.E. Washington, D.C.

RECEIVED
JAN 31 1955
BUREAU V. S.

00663

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. 00642

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Monty MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville R.F.D.
LENGTH OF STAY (in this place) -
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Monty
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Monrovia, Rural
STREET ADDRESS (If rural, give location) Md 1

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Mr. Roy	Aloysius	Arnold	Jan	7	1955

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White	married	Aug 9-1894	60 yrs.	4	28		

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Laborer	farm	Bucklodge Md	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Andrew B. Arnold	Emma [illegible]er Wade

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
Yes I-WWI Civilian		Mrs Irene B. Arnold, Monrovia Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Coronary occlusion	Sudden death
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b)	
DUE TO		
	(c)	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Frank J. Broschart M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☒ DATE SIGNED 1-7-55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	1-11-55	Forest Oak	Gaithersburg Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1/11/55	Lowell H. Hayday	Ernest C. Gaither	Gaithersburg Md

RECEIVED
JAN 12 1955
BUREAU V. S.

00640

00643

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
15 COUNTY Montgomery — MARYLAND
17 CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park — LENGTH OF STAY (in this place) 2 Yrs.
75 HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md — COUNTY Pr. Geo.
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Hyattsville — 16-15-2
STREET ADDRESS (If rural, give location) 9410 Rigg Road.

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Irene	Yurie	Asaka	1	1	1955

5. SEX:	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Female	Yellow	Married	1-21-15	39 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Part owner Grocery Store	Retail grocery	Utah	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Ryozo Sato	Noi Hirayama

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
		Mary Sato. 719 Fern Place. N.W. Washington. D.C

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Hemorrhage and shock	
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Fractured skull & crushed chest	
DUE TO		
	(c)	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc.) INJURY.	21c. (City or town) (County) (State)
	Street	Takoma Park - Pr. Geo. Md.

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED While at work ☐ Not while at work ☒	21f. HOW DID INJURY OCCUR?
1-1-55 1.00 A M.		Collision with another automobile

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John J. Maloney (Hyattsville Md) M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 1-1-55

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	1/3/55	Gloge Washington	Hyattsville, Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1/1/55	Amanda Downey	D.H. Sims Co	Washington D.C
1/5/55	J. Arthur Dodd, Reg.		

RECEIVED
JAN 17 1935
BUREAU V. S.

00664 00644

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glen Echo Hts | LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5902 Osceola Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Mont
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Glen Echo Hts
STREET ADDRESS (If rural, give location) 5902 Osceola Rd

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) Edward (Last) Baker
4. DATE OF DEATH (Month) Jan (Day) 10 (Year) 19 55

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Single	11-10-1954	yrs.	2			

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
None		Wash. D.C.	

13. FATHER'S NAME: John E. Baker
14. MOTHER'S MAIDEN NAME: Barbara M. Feeney

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
No		John E Baker - 5902 Osceola Rd NW DC

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Septicemia	Found dead in bed.
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Respiratory Infection	
DUE TO		
	(c)	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Frank J Bourbont M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 1-10-55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	1-11-55	St Joseph's	Ft. Wayne, Indiana

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1/10/55	Bessie M Thompson	Joseph Sanders Sons	756 Pa. Ave NW DC

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VS. A15A - 5 - 53

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 13 1955
BUREAU V. S.

00665

00645

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 24

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kensington
LENGTH OF STAY (in this place) 3 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3314 Kensington-Wheaton Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Kensington
STREET ADDRESS (If rural, give location) 3314 Kensington-Wheaton Road

3. NAME OF DECEASED: (First) Wiley (Middle) Jacob (Last) Benning
4. DATE OF DEATH (Month) Jan (Day) 16 (Year) 1955

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Feb. 21, 1873
9. AGE last birthday: 81 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) Lawyer & Highway Engineer (retired)
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Mason County, Mo
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Abraham Dallas Banning
14. MOTHER'S MAIDEN NAME: Julia Kessinger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 487-18-8997-A
17. INFORMANT & ADDRESS: Mrs. Alice A. Benning, 3314 Kensington-Wheaton Road, Kensington, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	(a)	Coronary Occlusion	Sudden
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO		
	(c) DUE TO		

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY
21c. (City or town) (County) (State)
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Edward J. Broseliart M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 1-16-55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 1/19/55
NAME OF CEMETERY OR CREMATORY Ft. Lincoln Cemetery
LOCATION (City, town, or county) (State) Prince George County, Md.

DATE REC'D BY LOCAL REG. 1-18-55
REGISTRAR'S SIGNATURE Frances Potter
24. FUNERAL DIRECTOR Warner & Lumphrey
ADDRESS 8434 Ga. Ave. Silver Spring, Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

00646

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00666

CERTIFICATE OF DEATH

Reg. Dist. No. .....

Items 11,14,21b,21c 1-21-55 GC

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X
LENGTH OF STAY (In this place)
57 HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Pennsylvania COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hanover 73 X
STREET ADDRESS (If rural give location) 405½ Baltimore Street

3. NAME OF DECEASED: (Type or Print) (First) Albert (Middle) (n) (Last) BARBOUR

4. DATE OF DEATH (Month) (Day) (Year) January 7 19

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 16 August 1883

9. AGE last birthday: 71 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10B. KIND OF BUSINESS OR INDUSTRY: Shoe Industry

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: William BARBOUR

14. MOTHER'S MAIDEN NAME: Emma Parker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) Spanish-Amer.

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Gerald Albert BARBOUR, 18 Park Avenue, Gaithersburg, Maryland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
331 X IMMEDIATE CAUSE	(A) Cerebral Vascular Accident	12 hours
ANTECEDENT CAUSE (S): DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) DUE TO arteriosclerosis generilized	10 years
	(C) DUE TO	

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 7

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 7, 1955, to Jan. 7, 1955, that I last saw the deceased alive on Jan. 7, 1955, and that death occurred at 10:37P M, from the causes and on the date stated above.

SIGNATURE S. R. Mills Jr. ADDRESS U. S. Naval Hospital, Bethesda, Maryland DATE SIGNED

S. R. MILLS, Jr., LT MC USN

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial | DATE THEREOF: 11 Jan 1955 | NAME OF CEMETERY OR CREMATORY: New Oxford | LOCATION (City, town, or county) (State): New Oxford, Pennsylvania

DATE REC'D BY LOCAL REGISTRAR: 7 January 1955 | REGISTRAR'S SIGNATURE: Mary E. Donelly

24. FUNERAL DIRECTOR: Dennis Wetzel ADDRESS: 549 Carlisle Street, Hanover, Penna.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

JAN
V. 3

00667

00647

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 214

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring; HOSPITAL OR INSTITUTION OR STREET ADDRESS —; STATE Maryland; LENGTH OF STAY (in this place)

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Mont.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring; STREET ADDRESS (If rural give location) 1917 Rosemary Hills Dr.

3. NAME OF DECEASED (Type or Print): (First) Audrey (Middle) R. (Last) Beller

4. DATE OF DEATH: (Month) 1 (Day) 14 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH:

9. AGE last birthday: 49 yrs. If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Washington D.C.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Maurice Rosenberg

14. MOTHER'S MAIDEN NAME: Hebye Cohen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No

(If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Lewis Beller

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Generalized carcinomatosis, metastatic	6 months
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinoma of left breast	2 years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Anemia, severe, secondary to internal incontinence 6 mos.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept., 1954, to Jan 14, 1955, that I last saw the deceased alive on Jan 14, 1955, and that death occurred at 11:50 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Sydney Leventhal	M.D.	8248 Georgia Ave. Silver Spring Md.	1/14/55

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	1-16-1955	Mt Lebanon Cem	Hyatts - Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1-15-55	Frances Potter	B. Danzansky & Son	3501-14th St NW

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00648

00668

CERTIFICATE OF DEATH

Reg. Dist. No. ... ..

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: 15
COUNTY M[illegible]ry MARYLAND
X CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda Rural
LENGTH OF STAY (in this place) 2 months
57 HOSPITAL OR INSTITUTION OR STREET ADDRESS U S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Holtwood
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Geraldine (Middle) (n) (Last) BETTS

4. DATE OF DEATH: (Month) January (Day) 1 (Year) 19[illegible]

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married
8. DATE OF BIRTH: 9-16-97
9. AGE last birthday 57 yrs
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): New York
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Charles M. Combs
14. MOTHER'S MAIDEN NAME: Alice Greene

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: James E. Betts Holtwood Pennsylvania

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) Broncho Pneumonia with Carcinoma Metastasis — 1 week

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (B) Carcinoma, Transverse Colon — 6 mo.

(C) DUE TO

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION. 11-10-54 18-22-54
19B. MAJOR FINDINGS OF OPERATION Carcinoma, Transverse Colon with obstruction RT Colectomy with excision of above
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 5, 1954, to Jan 1, 1955, that I last saw the deceased alive on January 1, 1955, and that death occurred at 3:15 PM, from the causes and on the date stated above.

SIGNATURE C. Dundon Jr. ADDRESS LT MC USN, U.S. Naval Hospital, NNMC, Bethesda, Maryland DATE SIGNED 1-2-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 1-4-55
NAME OF CEMETERY OR CREMATORY Arlington National Cemetery
LOCATION (City, town, or county) (State) Arlington, Virginia

DATE REC'D BY LOCAL REGISTRAR 1-2-55
REGISTRAR'S SIGNATURE Mary E Farrell
24. FUNERAL DIRECTOR R.A. PUMPHREY
ADDRESS 7557 Wisc. Ave. Bethesda, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00649

00669 # CERTIFICATE OF DEATH Reg. Dist. No. 216

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH. 15
COUNTY Montgomery MARYLAND
X CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
LENGTH OF STAY (in this place) 9 yrs 6 mo
90 HOSPITAL OR INSTITUTION OR STREET ADDRESS Alta Vista Rest Home 9201 Old Georgetown Rd B.H.

2. USUAL RESIDENCE (HOME) OF DECEASED: 15
STATE Md COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring 56
STREET ADDRESS (If rural give location) 202 E. Hamilton Ave

3. NAME OF DECEASED: (Type or Print) (First) Nellie (Middle) Viola (Last) Blackmer
4. DATE OF DEATH: (Month) Jan (Day) 5 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
F	W	M	Mar 1st 1869	85 yrs.				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
H. W.	H.	Ill.	U.S.

13. FATHER'S NAME: George Overmyer
14. MOTHER'S MAIDEN NAME: Ella Thompson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS: Edna B Weber 202 E Hamilton Ave Silver Spring Md.

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
420.1 IMMEDIATE CAUSE	(A) Coronary infarction	12 days
ANTECEDENT CAUSE (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B) Coronary sclerosis	10 yrs
	DUE TO (C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	Fractured left femur	3 mos.

19A. DATE OF OPERATION:	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒
0 C		

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21E. INJURY OCCURRED While at work ☐ Not while at work ☐	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1.0.21, 1955, to 1-5....., 1955 that I last saw the deceased alive on 1-5....., 1955, and that death occurred at 5:10 P.M., from the causes and on the date stated above.

SIGNATURE	M.D.	ADDRESS	DATE SIGNED
Samuel M Pageant		56 0 N.H. Ave. Wash.	1-5-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial-Transit	1/7/55	Oakwood	Casey Iowa

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1/7/55	Bessie M. Thompson	The S. H. Hines Co.	Wash., D.C.

BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00650

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park
LENGTH OF STAY (In this place) 22 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitorium and Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural give location) 8001 Newell Ct.

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) Edward (Last) Boothe

4. DATE OF DEATH: (Month) Jan. (Day) 1 (Year) 1955

5. SEX: M

6. COLOR OR RACE: Caucs.

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: 8-2-1889

9. AGE last birthday: 65 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10B. KIND OF BUSINESS OR INDUSTRY: Mgr. Standard Brands Inc.

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: George Thomas Boothe

14. MOTHER'S MAIDEN NAME: ELLA Tyler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 577-05-8009

17. INFORMANT & ADDRESS: Hospital Record

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Pulmonary ~~failure~~ Suppuration — Interval between onset and death: 2 wks.

ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
(B) DUE TO Carcinoma right bronchus & collapse of right ~~Mid~~ lung — 3 mos.
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Congestive heart failure — 2 days

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 20, 1954 to Jan 1, 1955 that I last saw the deceased alive on Jan 1, 1955 and that death occurred at 10 50 AM, from the causes and on the date stated above.

SIGNATURE James R Coleman M.D. ADDRESS 113 Carroll St NW Washington DATE SIGNED 1/1/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: 1/3/55
NAME OF CEMETERY OR CREMATORY: Cedar Hill Cemetery
LOCATION (City, town, or county) (State): Prince George County, Md.

DATE REC'D BY LOCAL REGISTRAR: Jan 4 1955
REGISTRAR'S SIGNATURE: J. Wilson Dodd

24. FUNERAL DIRECTOR: Warner E. Pumphrey ADDRESS: 8434 Georgia Ave. Silver Spring, Md.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JAN 5 19
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00670

CERTIFICATE OF DEATH

00651

Reg. Dist. No. 2,176

Item 2, FilmG175 1-13-55 at

1. PLACE OF DEATH: 15
COUNTY Montgomery MARYLAND
X CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Potomac
LENGTH OF STAY (in this place)
% HOSPITAL OR INSTITUTION OR STREET ADDRESS Pine View Rest Home

2. USUAL RESIDENCE (HOME) OF DECEASED: Wash., D.C.
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Potomac
STREET ADDRESS 2918 "P" St. 47X-3 (If rural give location) R.F.D. #1, Bethesda, Md. Pine View Rest Home

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) HELEN B. BOTELER

4. DATE OF DEATH: (Month) Jan. (Day) 1 (Year) 1955

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed
8. DATE OF BIRTH: 11-21-66
9. AGE last birthday: 88 yrs.
IF UNDER 1 YEAR: Months 1 Days 10
IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Alabama
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Wm. G. Bentley
14. MOTHER'S MAIDEN NAME: Nannie Abbot

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS: 1409 Merchantile Trust N.B. Orrick-Bldg., Balt., Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) Arteriosclerotic cardiovascular disease

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 24, 19 ..., to Jan. 1, 19 55, that I last saw the deceased alive on Dec. 28, 19 54, and that death occurred at 9 35 A M, from the causes and on the date stated above.

SIGNATURE Stephen C. Cromwell M. D. ADDRESS Rockville, Md. DATE SIGNED 1/2/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: 1-7-55
NAME OF CEMETERY OR CREMATORY: Oak Hill
LOCATION (City, town, or county) (State): Washington, D.C.

DATE REC'D BY LOCAL REGISTRAR 1/4/55
REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR Robert R. Crumbaugh ADDRESS Bethesda, Md.

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

BOUND V.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00671

CERTIFICATE OF DEATH

Reg. Dist. No. 00652 / 29 6

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Bethesda
LENGTH OF STAY (in this place): X
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 5210 Moorland Lane

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Bethesda X
STREET ADDRESS (If rural give location): 5210 Moorland Lane

3. NAME OF DECEASED: (First) Mary (Middle) Lorena (Last) BOWLING
4. DATE OF DEATH: (Month) January (Day) 4 (Year) 19 55
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Apr. 12, 1874
9. AGE last birthday: 80 yrs. IF UNDER 1 YEAR: Months 8 Days 22 IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: ----
11. BIRTHPLACE (State or foreign country):
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: T. Baker Dyerin [illegible]
14. MOTHER'S MAIDEN NAME: Ellen Rose Bowling

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No
(If Yes, give war or dates of service):
16. SOCIAL SECURITY NO.: Yes
17. INFORMANT & ADDRESS: William S. Bowling-Same Item #2

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: —

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Dis. inst. syphilitis — 16 yrs

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 1930 to Jan 4, 1955, that I last saw the deceased alive on Jan 3 1955, and that death occurred at 12:30 P.M., from the causes and on the date stated above.

SIGNATURE Richard C. Silvestry M. D. ADDRESS 3140 Klingle Rd. N.W. DATE SIGNED 1/4/55

23. BURIAL, CREMATION, REMOVAL, (SPECIFY): Burial
DATE THEREOF: 1/7/55
NAME OF CEMETERY OR CREMATORY: Mt. Olivet
LOCATION (City, town, or county) (State): Washington, D. C.

DATE REC'D BY LOCAL REGISTRAR: 1/7/55
REGISTRAR'S SIGNATURE: Bessie M Thompson
FUNERAL DIRECTOR: Robert A. Humphreys
ADDRESS: Bethesda, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00653

00672

CERTIFICATE OF DEATH

Reg. Dist. No. 214

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring
MARYLAND
LENGTH OF STAY (in this place) 56
HOSPITAL OR INSTITUTION OR STREET ADDRESS 90 LeDeau Rest Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE D. C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural give location) 1342 Bryant St., N. E.

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) M. (Last) Boyle

4. DATE OF DEATH: (Month) Jan. (Day) 3 (Year) 1955

5. SEX: F

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed

8. DATE OF BIRTH: July 29, 1862

9. AGE last birthday: 92 yrs. IF UNDER 1 YEAR: Months ___ Days ___ IF UNDER 24 HRS.: Hours ___ Min. ___

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Homemaker

10B. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Lost Creek, Pa.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Martin Cafferty

14. MOTHER'S MAIDEN NAME: Catherine Lavell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT & ADDRESS: Mrs. David Strubinger, 4031 South Dakota ~~Ave., S.E.~~ Washington, D.C.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) GENERALIZED ARTERIOSCLEROSIS — INTERVAL BETWEEN ONSET AND DEATH: 10 YRS+

ANTECEDENT CAUSE (S) DUE TO —

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO —

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. PARKINSONISM — 3 YRS +

19A. DATE OF OPERATION. None

19B. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/.., 1952 to 1/3, 1955, that I last saw the deceased alive on 1/3, 1955, and that death occurred at 2 21 P. M. from the causes and on the date stated above.

SIGNATURE Seymour Graubarner M. D. ADDRESS 9300 Ewing Drive, Bethesda, Md. DATE SIGNED 1/5/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 1/5/55

NAME OF CEMETERY OR CREMATORY Geo. Wash. Mem. Cemetery

LOCATION (City, town, or county) (State) Prince George County, Md.

DATE REC'D BY LOCAL REGISTRAR 1/5/55

REGISTRAR'S SIGNATURE Francis Potter

24. FUNERAL DIRECTOR Warner & Lumpkey

ADDRESS 8434 Ga. Ave. Silver Spring, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00654

00673

CERTIFICATE OF DEATH

Reg. Dist. No. 212

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Olney
LENGTH OF STAY (in this place) 10 mo 4 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sharon Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Mont
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural give location) 208 Crestmoor Circle

3. NAME OF DECEASED: (Type or Print) (First) Honoria (Middle) A (Last) Brooks

4. DATE OF DEATH: (Month) 1 (Day) 7 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 5-24-1874

9. AGE last birthday: 80 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Camden, N. J.

12. CITIZEN OF WHAT COUNTRY? American

13. FATHER'S NAME: Harris Brooks

14. MOTHER'S MAIDEN NAME: Elizabeth Heron

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Mrs. Elizabeth D Trout

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebrovascular Accident — Interval Between Onset And Death: 2 hrs

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Hypertensive Cardiovascular Disease — 1 yrs

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/3, 1954, to 1/7, 1955, that I last saw the deceased alive on 1/5, 1955, and that death occurred at 4:00 a.m. from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED 1/7/55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 1/11/55 — NAME OF CEMETERY OR CREMATORY St. John's Cemetery — LOCATION (City, town, or county) (State) Montgomery County, Md.

DATE REC'D BY LOCAL REGISTRAR 1-13-55 — REGISTRAR'S SIGNATURE Gertrude B Lawler

24. FUNERAL DIRECTOR Warner Pumphrey — ADDRESS 8434 Ga. Ave Silver Spring, Md.

VS. A15

JAN
BUREAU V. S

00674 00655

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
15 COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
LENGTH OF STAY (in this place) 15 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS English Lane R-2

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Mont 15
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Rockville R-2
STREET ADDRESS (If rural, give location) English Lane

3. NAME OF DECEASED: (Type or Print) (First) Leroy (Middle) Arthur (Last) Brown

4. DATE OF DEATH (Month) Jan (Day) 2 (Year) 1955

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	col	married	Aug 27 1887	67 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
laborer		Snow Hill, Md	U.S.A.

13. FATHER'S NAME: Charles Trumble

14. MOTHER'S MAIDEN NAME: Jennie Hawkins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No		Ella Hill - Route 2 Rockville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Coronary occlusion — DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) — DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH: Sudden death

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Fred J Bracciati M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☒ DATE SIGNED 1-2-55

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town or county) (State)
Burial	1/6/55	Lincoln Park	Rockville

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1/6/55	Laurel H. Fraylor	Robt. L. Snowden	Rockville Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00656

00675 **CERTIFICATE OF DEATH** Reg. Dist. No. 216

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BEGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
15 COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bethesda
LENGTH OF STAY (in this place) 81
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5c The Clinical Center Natl. Institutes of Health

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington, D. C. 47x3
STREET ADDRESS (If rural give location) 1700 Lamont St. N.W.

3. NAME OF DECEASED: (Type or Print) (First) Estelle (Middle) B. (Last) Bryant

4. DATE OF DEATH: (Month) January (Day) 31 (Year) 1955

5. SEX Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single | 8. DATE OF BIRTH: March 30, 1901 | 9. AGE last birthday, 53 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Manager | 10B. KIND OF BUSINESS OR INDUSTRY: Furniture store | 11. BIRTHPLACE (State or foreign country): Illinois | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: O. S. Bryant | 14. MOTHER'S MAIDEN NAME: Mary Lewis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no | (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. None | 17. INFORMANT & ADDRESS. The medical record The Clinical Center

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

170X IMMEDIATE CAUSE (A) Carcinoma of breast with metastases — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSE (S) DUE TO (B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: --- | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) -- | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) --- M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR? ---

22. I hereby certify that I attended the deceased from Nov. 11, 1954, to Jan. 31, 1955, that I last saw the deceased alive on Jan. 31, 1955, and that death occurred at 7:10 A.M., from the causes and on the date stated above.

SIGNATURE Stanton Segal M.D. for James Pettinger M.D. ADDRESS NIHClin. Center DATE SIGNED 1/31/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 2/3/55 | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) Akron, Ohio

DATE REC'D BY LOCAL REGISTRAR 2/1/55 | REGISTRAR'S SIGNATURE Bessie M. Thomasson | 24. FUNERAL DIRECTOR Martin W. Hysong Co. | ADDRESS Washington, D.C.

00676

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00657 (00657) Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 216

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct MARGIN RESERVED FOR BINDING
one is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) X Rockville — LENGTH OF STAY (in this place) D.O.A.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 14 Emergency Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE D.C. COUNTY
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 3813 Hegaman St. N.W.

3. NAME OF DECEASED: (Type or Print) (First) Carys (Middle) Burbank (Last) Jr. M.D.

4. DATE OF DEATH (Month) Jan (Day) 10 (Year) 19 55

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: 1/1/1880

9. AGE last birthday: 75 Yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): M.D.

10b. KIND OF BUSINESS OR INDUSTRY: Physician

11. BIRTHPLACE (State or foreign country): District of Columbia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Lemuel Norman Burbank

14. MOTHER'S MAIDEN NAME: Agnes E. Staley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: Mrs. Carys Burbank Wife (above address)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Coronary Occlusion — DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH — indeterminate

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Frank J. Broatch M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 1-10-55

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

DATE THEREOF JAN·13/55

NAME OF CEMETERY OR CREMATORY CONGRESSIONAL CEM.

LOCATION (City, town, or county) WASHINGTON, (State) D.C.

DATE REC'D BY LOCAL REG. 1/12/55

REGISTRAR'S SIGNATURE Bessie M. Thompson

24. FUNERAL DIRECTOR Martin W. Hysong Co. ADDRESS Washington, D.C.

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00658

00677

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:

COUNTY Montgomery MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Potomac

LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Montgomery

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural- Potomac

STREET ADDRESS (If rural, give location) Rt. 3 Bethesda, Md.

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
Janet	Sue	Calloway	Jan.	14	1955

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED,	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Fem	White	Single	July 29, 1954	yrs.	5	15		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Infant		North Carolina	USA

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
James L. Calloway	Helen Garner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No	None	J. L. Calloway Item 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

481X

Immediate cause (a) Acute asthmatic bronchitis — INTERVAL BETWEEN ONSET AND DEATH: 15 hrs.

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Intestinal flu — 2 wks

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/12, 1955, to 1/14, 1955, that I last saw the deceased alive on 1/14, 1955, and that death occurred at 7:00 P.M., from the causes and on the date stated above.

SIGNATURE W. R. Hall (DEGREE OR TITLE) MD ADDRESS Rockville Md DATE SIGNED 1/14/55

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial-Transit	1-16-55	High Point	High Point, N. Carolina

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1/17/55	Bessie M. Thompson	Robert A. Pumphrey	Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

9V7499V99V

BUREAU V. S

200

00678

00659

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL) OR and give nearest town) X TOWN Bethesda
LENGTH OF STAY (in this place): Dec'd
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Mont
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Silver Spring 56
STREET ADDRESS (If rural, give location): 2614 Shepherd St.

3. NAME OF DECEASED: (Type or Print) (First) Cynthia (Middle) Ann (Last) Collins

4. DATE OF DEATH (Month) (Day) (Year): JAN. 27 19 55

5. SEX: F

6. COLOR OR RACE: Wh

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: July 4 1954

9. AGE last birthday: [redacted] yrs. IF UNDER 1 YEAR: Months 6 Days 12 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Child

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Daniel Collins

14. MOTHER'S MAIDEN NAME: Barbara Jeanne Stevens

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: -

17. INFORMANT & ADDRESS: James D. Collins, Father, 2614 Shepherd St Silver Spring Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
571.0 Immediate cause	(a) Dessufflation of pericardium DUE TO	Few Minutes
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Acute gastroenteritis DUE TO	3 days
	(c)	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH: Dehydration + Early bronchopneumonia

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☑ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Irene J. Bernhardt M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 1-27-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 1/29/55

NAME OF CEMETERY OR CREMATORY: Parklawn Cemetery

LOCATION (City, town, or county) (State): Montgomery County, Md.

DATE REC'D BY LOCAL REG. 2/1/55

REGISTRAR'S SIGNATURE: Bessie M. Thompson

24. FUNERAL DIRECTOR: Warner E. Pumphrey

ADDRESS: 8434 Georgia Ave. Silver Spring, Md.

20142733 95

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00642 **CERTIFICATE OF DEATH** 00660

Reg. Dist. No. 223-

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 17 Takoma Park
LENGTH OF STAY (in this place) 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 75 Washington Sanitorium & Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Pr. George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park 16.17
STREET ADDRESS (If rural give location) 7201 Milton Ave. T.P.

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) Milton (Last) Coton

4. DATE OF DEATH: (Month) 1 (Day) 22 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: 1-26-91

9. AGE last birthday 63 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Structural Steel Business

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Harrison Coton

14. MOTHER'S MAIDEN NAME: Mary Whitmore

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (~~Yes~~, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Hospital Record - Wife

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
4 hrs IMMEDIATE CAUSE	(A) Congestive Heart Failure	1 week
ANTECEDENT CAUSE (B)	DUE TO (B) Rheumatic Heart Disease	5 years
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	Hernia	3 yrs.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct., 1954, to Jan., 1955 that I last saw the deceased alive on 22 Jan., 1955, and that death occurred at 5:20 P. M, from the causes and on the date stated above.

SIGNATURE L. B. Snow M. D. ADDRESS Silver Spring DATE SIGNED 1/22/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 1-25-55

NAME OF CEMETERY OR CREMATORY Rock Creek Cem

LOCATION (City, town, or county) (State) Washington D.C.

DATE REC'D BY LOCAL REGISTRAR Jan 22 1955

REGISTRAR'S SIGNATURE J. Albion Dodel

24. FUNERAL DIRECTOR Joseph F. Barclay Sons ADDRESS 3034 M St. N.W. D.C.

00661

MARYLAND 00679

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH- COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring — LENGTH OF STAY (in this place): 9 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 2109 Dexter Ave

2. USUAL RESIDENCE (HOME) OF DECEASED- STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring
STREET ADDRESS (If rural, give location): 2109 Dexter Ave

3. NAME OF DECEASED (Type or Print): (First) Josephine (Middle) (Last) Chamberland

4. DATE OF DEATH: (Month) Jan (Day) 19 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. ~~SINGLE~~, MARRIED, WIDOWED, ~~DIVORCED~~ (Specify)

8. DATE OF BIRTH: Apr 14 1879

9. AGE last birthday: 75 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Quebec Canada

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Amable ~~W~~Ouellette

14. MOTHER'S MAIDEN NAME: Marie Jean

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No

16. SOCIAL SECURITY No.: None

17. INFORMANT AND ADDRESS: Mr Henry Chamberland - Son

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

Immediate cause (a): Cerebral Hemorrhage — Interval between onset and death: 24 hrs

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)....

(c)....

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): None

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): None m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 14, 1954, to Jan 19, 1955, that I last saw the deceased alive on Jan 19, 1955, and that death occurred at 5:50 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title): John Lawrence Avery M.D. — ADDRESS: 10110 Georgia Ave., Silver Spring Md — DATE SIGNED: Jan 19 1955

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 1-22-55 — NAME OF CEMETERY OR CREMATORY: Notre Dame — LOCATION (City, town, or county) (State): Fall River Mass

DATE REC'D BY LOCAL REG.: 1-20-55 — REGISTRAR'S SIGNATURE: Frances Potter

24. FUNERAL DIRECTOR: Francis J Collins — ADDRESS: 3821-14th N.W Wash. DC

MARGIN RESERVED FOR BINDING

I

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00662

00680

CERTIFICATE OF DEATH

Reg. Dist. No. 216

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH: BETHESDA
COUNTY MONTGOMERY MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BETHESDA X
LENGTH OF STAY (in this place) 4 YRS
HOSPITAL OR INSTITUTION OR (7) STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD COUNTY MONTGOMERY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BETHESDA X
STREET ADDRESS (If rural give location) 5516 WILSON LANE 1

3. NAME OF DECEASED: (Type or Print) (First) BENJAMIN (Middle) WINN (Last) CHAPPELEAR

4. DATE OF DEATH: (Month) JAN (Day) 30 (Year) 1955

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): M

8. DATE OF BIRTH: DEC. 27, 1872

9. AGE last birthday 82 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): VIRGINIA

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: GEORGE WARREN CHAPPELEAR

14. MOTHER'S MAIDEN NAME: NANNY BARRETT

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: SALLY HOBERMAN DAUGHTER - 5516 WILSON LANE

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 IMMEDIATE CAUSE — (A) CARDIAC FAILURE — INTERVAL BETWEEN ONSET AND DEATH: 6 MOS

ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) ARTERIOSCLEROTIC CORONARY DISEASE — 2 YRS

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... , 1949, to JAN ..... , 1955, that I last saw the deceased alive on JAN 28 , 1955 , and that death occurred at 8:15 P M, from the causes and on the date stated above.

SIGNATURE Charles W. Duncan M.D. ADDRESS 1726 M ST, NW WASH, DC DATE SIGNED JAN 30, 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 2-1-55

NAME OF CEMETERY OR CREMATORY Parklawn

LOCATION (City, town, or county) (State) Rockville, Md.

DATE REC'D BY LOCAL REGISTRAR 1/31/55

REGISTRAR'S SIGNATURE Bessie M. Thompson

FUNERAL DIRECTOR Robert A. Pumphrey ADDRESS Bethesda, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00663

00681

CERTIFICATE OF DEATH

Reg. Dist. No. 217

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN Olney — LENGTH OF STAY (in this place) 9 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Brooke Grove Convalescent Home —

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring —
STREET ADDRESS (If rural give location) 1903 - East West Highway —

3. NAME OF DECEASED: (Type or Print) (First) Minnie (Middle) (Last) Clarkson

4. DATE OF DEATH: (Month) Jan. (Day) 10 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH: Sept. 1, 1881

9. AGE last birthday: 73 yrs. IF UNDER 1 YEAR Months: Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Washington D.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: August M.P. Maschmeyer —

14. MOTHER'S MAIDEN NAME: Selina Taliaferro —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.))

(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs. Hester Maschmeyer Washington 4639 - Van Ness St. N.W. D.C. —

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Stasis Pneumonitis - Hypertension

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) C.V.A. - Paralysis

DUE TO (c) Senile Dizzy + arteriosclerosis

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: (-)

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 13, 1950, to Jan. 10, 1955, that I last saw the deceased alive on Jan. 8, 1955, and that death occurred at 9:20 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) John Parker Ziegler M.D. ADDRESS Olney, Md. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Removal + Burial

DATE THEREOF Jan 10, 1955

NAME OF CEMETERY OR CREMATORY Rock Creek Cem.

LOCATION (City, town, or county) Wash. D.C. (State)

DATE REC'D BY LOCAL REGISTRAR 1-13-55

REGISTRAR'S SIGNATURE Gertrude B Fawcett

24. FUNERAL DIRECTOR Neel Funeral Home, 4812 9th ave NW

ADDRESS Wash. D.C. —

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00664

00682

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
LENGTH OF STAY (in this place) 232 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS The Clinical Center National Institutes of Health

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE - COUNTY -
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington, D. C.
STREET ADDRESS (If rural give location) 43 Anacostia Rd., N.E.

3. NAME OF DECEASED: (Type or Print) (First) Arlene (Middle) N. (Last) Cockrell

4. DATE OF DEATH (Month) Jan. (Day) 1 (Year) 1955

5. SEX: F | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): M | 8. DATE OF BIRTH July 30, 1918 | 9. AGE last birthday 36 yrs | IF UNDER 1 YEAR Months -- Days | IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Purch. Asst. | 10B. KIND OF BUSINESS OR INDUSTRY: - | 11. BIRTHPLACE (State or foreign country): Virginia | 12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Harry L. Nichols | 14. MOTHER'S MAIDEN NAME: Nena Burnett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. 579-05-6512 | 17. INFORMANT & ADDRESS medical record - The Clinical Center

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) DUE TO Pulmonary emphysema and fibrosis

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (B) DUE TO Boeck's sarcoid

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. -

19A. DATE OF OPERATION: none | 19B. MAJOR FINDINGS OF OPERATION - | 20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E INJURY OCCURRED While at work [ ] Not while at work [ ] | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 14, 1954, to Jan. 1, 1955, that I last saw the deceased alive on Jan. 1, 1955, and that death occurred at 10:45 P.M., from the causes and on the date stated above.

SIGNATURE Horace W. Brunton M.D. M D | ADDRESS The Clinical Center National Institutes of Health | DATE SIGNED Jan. 2, 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 1-5-55 | NAME OF CEMETERY OR CREMATORY Cedar Hill | LOCATION (City, town, or county) Suitland Md. (State)

DATE REC'D BY LOCAL REGISTRAR 1/3/55 | REGISTRAR'S SIGNATURE Bessie M. Thompson | 24. FUNERAL DIRECTOR J. W. Lee Bur Co ADDRESS 300-4 St S.E. Wash. D. C.

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 5 1
BUREAU N. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00665

00633

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bethesda
LENGTH OF STAY (in this place) 69 days
50 HOSPITAL OR INSTITUTION OR STREET ADDRESS The Clinical Center Natl. Inst. of Health

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D.C. COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington
STREET ADDRESS (If rural give location) 75 K St. N.W.

3. NAME OF DECEASED: (Type or Print) (First) Alma (Middle) L. (Last) Collins

4. DATE OF DEATH: (Month) Jan. (Day) 11 (Year) 1955

5. SEX: F

6. COLOR OR RACE: N

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widow

8. DATE OF BIRTH: 7 Sept. 1911

9. AGE last birthday: 43 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Maid

10B. KIND OF BUSINESS OR INDUSTRY: Private university

11. BIRTHPLACE (State or foreign country): North Carolina

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Mach Leath

14. MOTHER'S MAIDEN NAME: Dora (not known)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) ----

16. SOCIAL SECURITY NO.: not available

17. INFORMANT & ADDRESS: The medical record, The Clinical Center

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) Uremia and renal shutdown

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Stage IV carcinoma of cervix with bilateral obstructive hydronephrosis DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Recto-vaginal fistula; pulsion diverticulum of esophagus

19A. DATE OF OPERATION: none

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) none

21C WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work [ ] Not while at work [ ]

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 3, 1954 to Jan. 11, 1955 that I last saw the deceased alive on Jan. 11, 1955, and that death occurred at 4:03 P.M., from the causes and on the date stated above.

SIGNATURE Montague Cobb, M.D. M.D. ADDRESS The Clinical Center, NIH DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Removal

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REGISTRAR 11/12/55

REGISTRAR'S SIGNATURE Bessie M. Flournoy

24. FUNERAL DIRECTOR Ralph Barton ADDRESS 48-17 58th St.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RE
JAN
BUREAU V. S.

00634

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. 00666

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 214

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Forest Glen
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 9804 Rosensteel Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Forest Glen
STREET ADDRESS (If rural, give location) 9804 Rosensteel Ave.

3. NAME OF DECEASED: (First) Mary (Middle) T. (Last) Conroy
4. DATE OF DEATH (Month) Jan (Day) 14 (Year) 19 55

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Female	White	Widowed	9/18/1886	68 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	own home	Ireland	U.S.A.

13. FATHER'S NAME: James McGauran
14. MOTHER'S MAIDEN NAME: Katherine Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS
No		Mrs. Mary Evans, 30 Preble St., Portland, Maine

18. MEDICAL CERTIFICATION

E DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) 1st 2nd and 3rd degree burns	Immediate
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) scalding head neck and extremities	Accident
	DUE TO (c)	Home

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)
	Home	Forest Glen Monty Md

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED While at work ☐ Not while at work ☒	21f. HOW DID INJURY OCCUR?
1-14-55 7 A M.		Fire in Living room

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Frank J. Valentine M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 1-14-55

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	1/17/55	St. John's Cemetery	Montgomery County, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1-17-55	Frances Potter	Warner & Pumphrey	8434 Ga. Ave. Silver Spring, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00635 CERTIFICATE OF DEATH

Reg. Dist. No. 00667 2/6

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Kensington
LENGTH OF STAY (in this place) 6 Mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 11209 Upton Drive

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Mont.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Kensignton X
STREET ADDRESS (If rural give location) 11209 Upton Drive

3. NAME OF DECEASED: (Type or Print) (First) JESSIE (Middle) SHAVER (Last) COOPER

4. DATE OF DEATH: (Month) (Day) (Year) 1-28-1955

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): widow

8. DATE OF BIRTH: 9-16-1870

9. AGE last birthday: 84 yrs. IF UNDER 1 YEAR Months 4 Days 12 IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): at home

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Jamestown, N.Y.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Edward Shaver

14. MOTHER'S MAIDEN NAME: Louisa Vangaasbeck

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) 7

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: WM. Knowles Cooper, 6209-42nd Ave. Hyattsville Md.

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause 1718	(a) Pneumonia	48 hours.
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Carcinoma (Squamous cell) cervical area	6 mos.
	DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Cyclitis	

19a. DATE OF OPERATION: Dec 2 1954

19b. MAJOR FINDINGS OF OPERATION (b) above

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov ..., 1954, to Jan. 28, 1955, that I last saw the deceased alive on Jan 27, 1955, and that death occurred at 3:12 A.M., from the causes and on the date stated above.

SIGNATURE George Sharpe (Degree or title) M.D. ADDRESS 10644 Connecticut Ave Kensington, Md. DATE SIGNED 1-28-55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 1-29-1955

NAME OF CEMETERY OR CREMATORY Rock Creek Cemetery

LOCATION (City, town, or county) (State) Wash. DC

DATE REC'D BY LOCAL REGISTRAR 1/28/55

REGISTRAR'S SIGNATURE Bessie M. Thompson

24. FUNERAL DIRECTOR Jos. Gawler's Sons, 1756 Pa. Ave. NW, D.C. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 31 1955
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00668

00686 CERTIFICATE OF DEATH Reg. Dist. No. 214

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY MONTGOMERY MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN SILVER SPRING
LENGTH OF STAY (in this place) 4 MO
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY MONTGOMERY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN SILVER SPRING
STREET ADDRESS (If rural give location) 9004 MANCHESTER RD

3. NAME OF DECEASED: (First) OLIVE (Middle) (Last) COOPER
4. DATE OF DEATH: (Month) JAN (Day) 8 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
F	W	WIDOWED	1887	67 yrs.				

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): LONDON ENGLAND
12. CITIZEN OF WHAT COUNTRY? ENGLAND

13. FATHER'S NAME: SAMUEL FOSTER
14. MOTHER'S MAIDEN NAME: ROSAMUND UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT & ADDRESS: OLIVE ROBINSON 9004 MANCHESTER RD SS MD.

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause	(a) Carcinomatosis, primary unk.	6 mo.
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Cardiac	
	DUE TO (c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
1-4-1954	Inoperable carcinoma of colon	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Aug. 7, 1954, to Jan. 8, 1955, that I last saw the deceased alive on Jan. 7, 1955, and that death occurred at 7:42 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) W. H. Underdown M.D. ADDRESS 1011 Colesville Rd Silver Spring, Md. DATE SIGNED 1/8/55

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
CREMATION	1/11/55	CEDAR HILL	SUITLAND	MD

DATE REC'D BY LOCAL REGISTRAR 1-10-55 REGISTRAR'S SIGNATURE Frances Potter
24. FUNERAL DIRECTOR W. W. Chambers & Co ADDRESS 1400 Chapin St. N.W. Wash. D.C.

RECEIVED
JAN 13 1955
BUREAU V. S.

00669

MARYLAND 00687

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda
LENGTH OF STAY (In this place): 23 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: The Clinical Center Nat'l. Inst. of Health

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: District of Columbia — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 1421 1/2 St. S.W.

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	George	Marshall	Curry		Jan.	8	1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	Negro	Married	Aug. 15, 1903	51 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Clerical (last 10 years)	U.S. Gov.	South Carolina	U.S.

13. FATHER'S NAME: Marshall Curry

14. MOTHER'S MAIDEN NAME: Clara Laborde

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): NO

16. SOCIAL SECURITY NO.: 248-09-4844

17. INFORMANT AND ADDRESS: The medical record, The Clinical Center

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a): Uremia

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b): Hypertensive Cardiovascular Disease

(c):

INTERVAL BETWEEN ONSET AND DEATH:

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None		Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
None				

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Dec. 16, 1954, to Jan. 8, 1955, that I last saw the deceased alive on Jan. 8, 1955, and that death occurred at 4:28 P. m., from the causes and on the date stated above.

SIGNATURE: Thomas G. Lombardo (Degree or title) — ADDRESS: The Clinical Center, NIH — DATE SIGNED: Jan. 9, 1955

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	1-12-55	Woodlawn Cem.	Washington, D. C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1/11/55	Bessie M. Thompson	Frazier Funeral Home	389 R.I. Ave. N.W.

MARGIN RESERVED FOR BINDING

RECEIVED
JAN 13 1955
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH— [redacted] 30670

CERTIFICATE OF DEATH

00654 Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 26 Rockville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 12603 Parkland Dr.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 26
STREET ADDRESS (If rural give location) 12603 Parkland Dr.

3. NAME OF DECEASED: (Type or Print) (First) CATHERINE (Middle) A. (Last) DALLENGER

4. DATE OF DEATH: (Month) Jan. (Day) 11, (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE Last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed	Oct. 3, 1868	86 yrs.	3	8		

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own Home	England	US

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William Hall	Rebecca Slark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
4 No	No	Edith Sumner-Item# 2

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset and Death

Immediate cause (a) Intestinal hemmorhage — 1 day

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Arteriosclerotic Cardiovascular Disease — years

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertensive cardiovasc. disease — years

19a. DATE OF OPERATION: 0 — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 7, 1954 to Jan 11, 1955 that I last saw the deceased alive on Jan 11, 1955, and that death occurred at 11:30 A.M. from the cause and on the date stated above.

SIGNATURE Charles M. Weber M.D. (Degree or title) 12600 Parkland Drive Rockville Md. (Address)

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	1-14-55	National Memorial Park	Falls Church, Va.

DATE REC'D BY LOCAL REGISTRAR 1/12/55 — REGISTRAR'S SIGNATURE Laurell H. Kuykendall — 24. FUNERAL DIRECTOR Robert M. Dunphrey — ADDRESS Bethesda, Md.

VS. A15

RECEIVED
JAN 13 1955
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00671

00643 CERTIFICATE OF DEATH Reg. Dist. No. 223

1. PLACE OF DEATH: 700 Hudson Ave Takoma Park
COUNTY Montgomery MARYLAND Md
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park Md. 17
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE D C COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington 47X 2
STREET ADDRESS (If rural give location) 611 Penn Ave S E

3. NAME OF DECEASED: (Type or Print) (First) DAVID (Middle) (Last) DANOV

4. DATE OF DEATH: (Month) Jan. (Day) 23 (Year) 1955.

5. SEX: M | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed | 8. DATE OF BIRTH: DEC 20 - 1889 | 9. AGE last birthday 65 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): | 10B. KIND OF BUSINESS OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): Russia | 12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: unknown

14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT & ADDRESS: Louis Danov 611 Penn ave S.E Son.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 18 X
IMMEDIATE CAUSE (A) Cancer of the Left Kidney
ANTECEDENT CAUSE (S) DUE TO with Metastasis.
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO
(C)
INTERVAL BETWEEN ONSET AND DEATH: Two Months

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: November 20, 54. | 19B. MAJOR FINDINGS OF OPERATION: Cancer of the Left Kidney. | 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 19 54 to Jan 23, 19 55 that I last saw the deceased alive on Jan 22, 19 55, and that death occurred at 4:30 P M, from the causes and on the date stated above.
SIGNATURE Cayne J Cluliman M. D. ADDRESS 1907 Eye St. N.W Wash D.C. DATE SIGNED Jan 23, 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 1-25-55 | NAME OF CEMETERY OR CREMATORY Elasar Velgrad Cemetery | LOCATION (City, town, or county) (State) Washington DC

DATE REC'D BY LOCAL REGISTRAR Jan. 24 1955 | REGISTRAR'S SIGNATURE F. Dillon Dodd | 24. FUNERAL DIRECTOR with A. ADDRESS B Barganstiff & Son 3501-14 St NW

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00672

.00688

CERTIFICATE OF DEATH

Reg. Dist. No. 217

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Olney
LENGTH OF STAY (in this place) 33 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS Montgomery County General Hospital, Inc.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Laytonsville
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (First) Clifton (Middle) Windell (Last) Demar

4. DATE OF DEATH: (Month) 1 (Day) 3 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED DIVORCED, (Specify): Single

8. DATE OF BIRTH: January 2, 1955

9. AGE last birthday yrs. IF UNDER 1 YEAR Months Days 1 IF UNDER 24 HRS. Hours 9 Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Newborn

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Columbus Winhoward Demar

14. MOTHER'S MAIDEN NAME: Virgie Elizabeth Randall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Mrs. Columbus W. Demar

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (A)	Anoxia	33 hrs
ANTECEDENT CAUSE (S) DUE TO (B)	Respiratory Depression	33 hrs
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)	Cerebral Contusion	33 hrs.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/2, 1955, to 1/3, 1955, that I last saw the deceased alive on 1/3 1955, and that death occurred at 2:20 PM, from the causes and on the date stated above.

SIGNATURE M. D. ADDRESS Sandy Spring Md DATE SIGNED 1/3/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF Jan 5/55 | NAME OF CEMETERY OR CREMATORY Brookside | LOCATION (City, town, or county) Rockville | (State) Md

DATE REC'D BY LOCAL REGISTRAR 1-3-55 | REGISTRAR'S SIGNATURE Lawrence B Lawson

24. FUNERAL DIRECTOR Roy W Barber ADDRESS Laytonsville Md

2015367365

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 5
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00689

CERTIFICATE OF DEATH

00673

Reg. Dist. No. 218

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gaithersburg, Rural
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montg,
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gaithersburg. Rural
STREET ADDRESS (If rural give location) Near Gaithersburg Md,

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
John	Bernard	Diamond	Jan	18	1955

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	June 23-1882	72 yrs.	6	25		

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Retired Farmer.	Farming	Gaithersburg, Md.	U S A

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
John B. Diamond	Grace Ranney

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
no		Duglas Diamond, Gaithersburg. Md,

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause	(a) CARCINOMA OF LIVER	6 months
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) CARCINOMA OF Rectum	4 years
	DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes X No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from ..... 19 54 to Jan 18, 1955, that I last saw the deceased alive on Jan 18, 1955, and that death occurred at 11:50 PM from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

[signature] M.D. Rockville, 1/20/55

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	1-21-55	St, Rose Cemetery	Clopper Maryland

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Jan 20, 1955	Abuda L. Cooke	Ernest C. Gartner,	Gaithersburg. Md,

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00674

00699

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bethesda
LENGTH OF STAY (In this place) 8 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 34 Suburban Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Virginia COUNTY Bedford
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Lynchburg
STREET ADDRESS (If rural, give location) Leesville Road

3. NAME OF DECEASED: (Type or Print) (First) Rose (Middle) Browne (Last) Dowdy

4. DATE OF DEATH: (Month) Jan. (Day) 13 (Year) 1955

5. SEX: Fe

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widow

8. DATE OF BIRTH: July 16, 1882

9. AGE last birthday 72 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10B. KIND OF BUSINESS OR INDUSTRY: home

11. BIRTHPLACE (State or foreign country): Bedford Co., Virginia

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Charles Abner Dowdy

14. MOTHER'S MAIDEN NAME: Calista Ellen Creasy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) 9

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Mary Dudley - daughter

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Left adrenal Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 9 hours

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Carcinoma of Stomach DUE TO — 8 months

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 12 Jan 1955

19B. MAJOR FINDINGS OF OPERATION: Carcinoma of Stomach Extending into Esophagus

20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work [ ] Not while at work [ ]

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2 Jan, 1955, to 13 Jan, 1955, that I last saw the deceased alive on 13 Jan, 1955, and that death occurred at 1:35 pm M, from the causes and on the date stated above.

SIGNATURE George William Wince M.D. ADDRESS DATE SIGNED

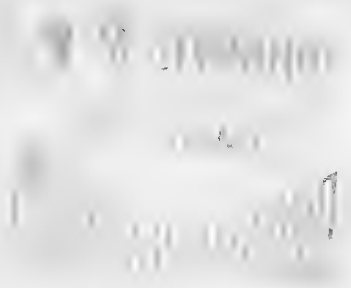
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF Jan 15-55 — NAME OF CEMETERY OR CREMATORY Spring Hill — LOCATION (City, town, or county) (State) Lynchburg Va

DATE REC'D BY LOCAL REGISTRAR 1/14/55 — REGISTRAR'S SIGNATURE Bessie M. Thompson — 24. FUNERAL DIRECTOR — ADDRESS

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00675

00691 **CERTIFICATE OF DEATH** Reg. Dist. No. 214

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH: Montgomery COUNTY MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 12226 Centerhill St.

2. USUAL RESIDENCE (HOME) OF DECEASED: Maryland STATE Montgomery COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 12226 CenterhillSt.

3. NAME OF DECEASED: (Type or Print) (First) Ben (Middle) A. (Last) Dunlap
4. DATE OF DEATH: (Month) 1 (Day) 29 (Year) 1955
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: 9-9-83
9. AGE last birthday: 71 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) painter and carpenter retired
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Pennsylvania
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: James B. Dunlap
14. MOTHER'S MAIDEN NAME: Lucy Anderson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) NO
16. SOCIAL SECURITY NO.: 173-16-2270
17. INFORMANT & ADDRESS: Mrs. Stella M. Dunlap, 12226 Centerhill St Silver Spring

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
Immediate cause (a) Myocardial Infarction, Septum St. Ventricle — INTERVAL BETWEEN ONSET AND DEATH ?
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Coronary Thrombosis, Anterior, Acute
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Coronary Arteriosclerosis, Severe

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION: — 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/28, 19.55., to 1/29, 19.55., that I last saw the deceased alive on 1/28, 19.55., and that death occurred at 9:30 a.m., from the causes and on the date stated above.
SIGNATURE Charles Powell (DEGREE OR TITLE), ADDRESS M.D. Silver Spring, Md. DATE SIGNED 1/29/55

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF 2/1/55 — NAME OF CEMETERY OR CREMATORY St. John's Cemetery — LOCATION (City, town, or county) (State) Montgomery County, Md.
DATE REC'D BY LOCAL REG. 2/1/55 — REGISTRAR'S SIGNATURE Frances Potter — 24. FUNERAL DIRECTOR Warner E. Pumphrey, — ADDRESS 8434 Georgia Ave. Silver Spring, Md.

00676

STATE DEPARTMETT OF HEALTH

MARYLAND 00644

CERTIFICATE OF DEATH

Reg. Dist. No. 223

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place) 16 days + Hospital
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) Colesville Road Route #2

3. NAME OF DECEASED (Type or Print) (First) Arthur (Middle) William (Last) Ealy
4. DATE OF DEATH (Month) Jan (Day) 9 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months.	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	1-5-98	56 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter
10b. KIND OF BUSINESS OR INDUSTRY Carpentry
11. BIRTHPLACE (State or foreign country) Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Walker P. Ealy
14. MOTHER'S MAIDEN NAME Elizabeth Shaw

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If year, give war or dates of service)
16. SOCIAL SECURITY No. 225-05-2024
17. INFORMANT AND ADDRESS Mary C. Clarke 9107 Flower Ave. Silver Spring Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cardiac decompensation	3 months
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive and coronary arteriosclerotic heart	at least 4 years
	(c) disease with cardiac enlargement	11 days

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Infarcts, pulmonary, bilateral

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
0		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 18, 1948, to Jan 9, 1955, that I last saw the deceased alive on Jan 8, 1955, and that death occurred at 1:30 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Arthur H. Traum M.D. 8327 Georgia Ave Silver Spring Md Jan 9 1955

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	1/11/55	Geo. Wash. Mem. Cemetery	Prince George County, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Jan 13-1955	J. Fenton Dodd	Warner E. Pumphrey Inc	8434 Georgia ave Silver Spring, Md.

JAN 14 1955

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00677

00692 **CERTIFICATE OF DEATH** Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
LENGTH OF STAY (in this place) 12-27-54 1/2/54
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring
STREET ADDRESS (If rural give location) 2304 Lyttonsville Dr.

3. NAME OF DECEASED: (Type or Print) (First) Ethel (Middle) Baron (Last) Emmerglick
4. DATE OF DEATH: (Month) Jan. (Day) 2 (Year) 1955
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married
8. DATE OF BIRTH: Feb. 2, 1907
9. AGE last birthday 47 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Kentucky
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Samuel L. Baron
14. MOTHER'S MAIDEN NAME. Rose Gleiden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) N.D. (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Seymour Emmerglick

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Subarachnoid Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 2 Days

ANTECEDENT CAUSE (B) DUE TO Rupture of Congenital Aneurysm, Left Anterior Cerebral Artery — 40 years

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from DEC. 31, 1954, to JAN. 2, 1955, that I last saw the deceased alive on Jan. 1, 1955, and that death occurred at 4:55 A M, from the causes and on the date stated above.
SIGNATURE Saul Zuckerman M.D. ADDRESS 1835 EYE St. N.W. DATE SIGNED Jan 3 55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF —
NAME OF CEMETERY OR CREMATORY —
LOCATION (City, town, or county) (State) Louisville, Kentucky

DATE REC'D BY LOCAL REGISTRAR 1/3/55
REGISTRAR'S SIGNATURE Bessie M. Hoonkins
24. FUNERAL DIRECTOR B. Gorzanitz & Son ADDRESS 3501-14 St NW Wash DC

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

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JAN 5
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00678

00693 **CERTIFICATE OF DEATH** Reg. Dist. No. 214

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Kensington
LENGTH OF STAY (in this place)
90 HOSPITAL OR INSTITUTION OR STREET ADDRESS Kensington Garden Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE D. C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington 4th N.W.
STREET ADDRESS (If rural, give location) 200 Rhode Island ave NE

3. NAME OF DECEASED: (Type or Print) (First) Harriet (Middle) R (Last) Evans

4. DATE OF DEATH: (Month) Jan (Day) 10 (Year) 1955

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single
8. DATE OF BIRTH: Oct 22, 1877
9. AGE last birthday 77 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): teacher
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Washington D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: James Evans
14. MOTHER'S MAIDEN NAME: Wilhelmina Schivertz
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Mrs Rose Murphy 5405-48th Ave Hyattsville, Md

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
4 IMMEDIATE CAUSE	(A) Coronary Occlusion, acute	15 min.
ANTECEDENT CAUSE (S)	DUE TO (B) Arteriosclerotic Heart Disease	10 Yrs +
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (C) Hypertension, essential	5 Yrs +
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	Inoperable Carcinoma right breast with metastases to right femur.	1 year

19A. DATE OF OPERATION:
19B. ~~MAJOR FINDINGS OF~~ OPERATION Also spontaneous fracture rt. femur at site of metastases
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 10, 1954, to Jan 10, 1955, that I last saw the deceased alive on Jan 10, 1955, and that death occurred at 7:20 P.M, from the causes and on the date stated above.
SIGNATURE Stewart Lilaffe M. D. ADDRESS 3921 Ingomar St NW DATE SIGNED Jan 10 '55

23. BURIAL, ~~CREMATION~~, ~~REMOVAL~~ (SPECIFY) DATE THEREOF 1-13-55 NAME OF CEMETERY OR CREMATORY Cedar Hill Cem LOCATION (City, town, or county) (State) Prince Geo Co Md

DATE REC'D BY LOCAL REGISTRAR 1-11-55 REGISTRAR'S SIGNATURE Frances Potter
24. FUNERAL DIRECTOR The J H Hines Co ADDRESS 2901-14th St NW

RECEIVED
JAN 13 19
BUREAU V. S.

00679

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00694

CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bethesda Rural
LENGTH OF STAY (in this place) 11 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 51 U. S. NAVAL Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District of Columbia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington, D. C.
STREET ADDRESS (If rural give location) 900 9TH Street S. E.

3. NAME OF DECEASED: (Type or Print) (First) Hanson (Middle) Horatio (Last) FITTON

4. DATE OF DEATH: (Month) January (Day) 16 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: 5-12-83

9. AGE last birthday 71 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bricklayer

10B. KIND OF BUSINESS OR INDUSTRY: Construction

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: William FITTON

14. MOTHER'S MAIDEN NAME: Aggie SORRELL

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) X Yes (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT & ADDRESS: Wife Mrs. Luverna FITTON same as above

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE 154X

(A) Cachexia due to

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B) Carcinoma, Rectum due to

(C)

INTERVAL BETWEEN ONSET AND DEATH: (A) 4 mo. (B) Unknown

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 1-13-55 (Cystoscopy)

19B. MAJOR FINDINGS OF OPERATION: Rectal Tumor invading bladder floor

20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work [ ] Not while at work [ ]

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5 Jan, 1955 to 16 Jan, 1955 that I last saw the deceased alive on 16 Jan, 1955, and that death occurred at 4:55 M, from the causes and on the date stated above.

SIGNATURE W. E. Fraser — ADDRESS — DATE SIGNED

W. E. FRASER LCDR MC USN U. S. Naval Hospital NNMC, Bethesda, Maryland

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

DATE THEREOF: 19 Jan 1955

NAME OF CEMETERY OR CREMATORY: Arlington National Cemetery

LOCATION (City, town, or county) (State): Arlington, Virginia

DATE REC'D BY LOCAL REGISTRAR: 19 Jan. 1955

REGISTRAR'S SIGNATURE: Mary E. Farrelly

24. FUNERAL DIRECTOR: Chambers Funeral Home

ADDRESS: 517 11th St. S.E. Washington, D.C.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00680

00695

CERTIFICATE OF DEATH

Reg. Dist. No. 216

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10-53

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bethesda; LENGTH OF STAY (in this place) 22 day; HOSPITAL OR INSTITUTION OR STREET ADDRESS 50 The Clinical Center National Inst Health

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D.C. COUNTY; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington 4-7x-1; STREET ADDRESS (If rural give location) 313 6th St. SE

3. NAME OF DECEASED: (Type or Print) (First) Leonard (Middle) — (Last) Fletcher

4. DATE OF DEATH: (Month) Jan (Day) 29 (Year) 1955

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): M

8. DATE OF BIRTH: Aug 31, 1906

9. AGE last birthday: 48 yrs. IF UNDER 1 YEAR: Months, Days. IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Janitor

10B. KIND OF BUSINESS OR INDUSTRY: District Water

11. BIRTHPLACE (State or foreign country) Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Clark Fletcher

14. MOTHER'S MAIDEN NAME: unk

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unk.) No (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO. 226-09-9589

17. INFORMANT & ADDRESS: Medical Record - Cl. Cente

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

16 x

IMMEDIATE CAUSE (A) Bronchogenic Carcinoma of lung — INTERVAL BETWEEN ONSET AND DEATH: 3 mon

ANTECEDENT CAUSE (B) DUE TO c metastases

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: —

19B. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7 Jan, 1955 to 29 Jan, 1955 that I last saw the deceased alive on 29 Jan, 1955 and that death occurred at 1:15 P.M. from the causes and on the date stated above.

SIGNATURE H. Lane Croath M.D. ADDRESS Nat'l. Bethesda, Md DATE SIGNED 1-30-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 1-31-55

NAME OF CEMETERY OR CREMATORY Fairview

LOCATION (City, town, or county) (State) Frederick Co., Virginia

DATE REC'D BY LOCAL REGISTRAR 1/31/55

REGISTRAR'S SIGNATURE Bessie M. Thompson

24. FUNERAL DIRECTOR Robert T. Humphrey

ADDRESS Bethesda, Md.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00696 **CERTIFICATE OF DEATH** Reg. Dist. No. 215 00681

1. PLACE OF DEATH:
COUNTY [illegible] MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X [illegible] Naval Hospital
LENGTH OF STAY (in this place) 13 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE [illegible] COUNTY [illegible]
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington, D.C.
STREET ADDRESS (If rural give location) 47x-3 Fort Greene

3. NAME OF DECEASED: (Type or Print) (First) Belen (Middle) (n) (Last) FLORES

4. DATE OF DEATH: (Month) January (Day) [illegible] (Year) 19[illegible]

5. SEX: Female
6. COLOR OR RACE: Malayan
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married
8. DATE OF BIRTH: 1-24-[illegible]
9. AGE last birthday [illegible] yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Housewife
11. BIRTHPLACE (State or foreign country): Philippines
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Gelacio YUSI
14. MOTHER'S MAIDEN NAME: Pelagia RAMUREZ

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) — —
16. SOCIAL SECURITY No. Unknown
17. INFORMANT & ADDRESS: Husband (Julian FLORES) same as above

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

592X IMMEDIATE CAUSE — (A) Uremia — INTERVAL BETWEEN ONSET AND DEATH: 2 wks.

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Chronic Glomerulonephritis — 3+ yrs.

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Acute Pulmonary Edema — 1 day

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7 Jan, 19 55 to 20 Jan., 19 55 that I last saw the deceased alive on 20 Jan, 19 55 and that death occurred at 4:05 PM, from the causes and on the date stated above.

SIGNATURE, ADDRESS, DATE SIGNED: Gerald J. Kirtman, M.D., U. S. Naval Hospital, NNMC, Bethesda, Maryland

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial Transit
DATE THEREOF: 2-5-55
NAME OF CEMETERY OR CREMATORY:
LOCATION (City, town, or county) (State): Cavita, Philippines

DATE REC'D BY LOCAL REGISTRAR: 22 Jan 1955
REGISTRAR'S SIGNATURE: Mary E. Farrelly
24. FUNERAL DIRECTOR: R. A. Purdum Funeral Home ADDRESS: 7557 Wisconsin Avenue, Bethesda, Md.

00697

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

00682

Reg. Dist. No.....

1. PLACE OF DEATH
COUNTY MONTGOMERY MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN GERMANTOWN
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS RFD #2

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE MARYLAND COUNTY [illegible]
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN G. [illegible]
STREET ADDRESS RFD #2 (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
EFFIE	MAGRUDER	READ	JAN.	10	1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
FEMALE	WHITE	W	SEPT 6 1884	70 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
HOUSEWIFE		MARYLAND	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
WADE MAGRUDER	MC GREGOR

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
NO	[illegible]	HUSBAND - GERMANTOWN, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary occlusion	½ hour
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic heart disease	1 year
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Malignant hypertension — 20 years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None		Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
NO				

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from Feb, 1948, to 10 Jan., 1955, that I last saw the deceased alive on 10 Jan., 1955, and that death occurred at 4:30 P. m., from the causes and on the date stated above.

SIGNATURE: John S. Fawcett (Degree or title) M.D. ADDRESS: Boyd, Md DATE SIGNED: Jan. 11, 1955

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	1-13-55	MARKSTOWN CHURCH CEM.	MONTGOMERY CO., MD

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1/12/55	Lawrence H. Kingsley	Robert G. Thompson	Laytonsville, Md

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the [illegible] of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JAN 13 1955
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00683

00698 **CERTIFICATE OF DEATH** Reg. Dist. No. [illegible]

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda Rural
LENGTH OF STAY (in this place) Dec 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE District of Columbia COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington, D C.
STREET ADDRESS (If rural give location) 600 6th Street, S.W.

3. NAME OF DECEASED: (Type or Print) (First) George (Middle) Bury (Last) GARRETT

4. DATE OF DEATH: (Month) January (Day) 11 (Year) 19[illegible]

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married
8. DATE OF BIRTH: 9-29-84
9. AGE last birthday 70 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman
10B. KIND OF BUSINESS OR INDUSTRY: Hosiery Mill
11. BIRTHPLACE (State or foreign country): Texas
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Albert L. GARRETT
14. MOTHER'S MAIDEN NAME: Anna CUNNINGHAM

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I
16. SOCIAL SECURITY NO. 452 07 0390 or P
17. INFORMANT & ADDRESS: Mrs. Frances E. GARRETT Wife same as above

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0

IMMEDIATE CAUSE (A) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 4 weeks

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B) Arteriosclerotic Heart Disease — 10 yrs.

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8 Dec, 19 54 to 11 Jan, 19 55 that I last saw the deceased alive on 11 Jan, 19 55, and that death occurred at 5:10 A.M., from the causes and on the date stated above.

SIGNATURE [signature] ADDRESS DATE SIGNED

S. R. MILLS JR LT MC USN U. S. Naval Hospital, NNMC, Bethesda, Maryland

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: 14 Dec 1955
NAME OF CEMETERY OR CREMATORY: Arlington National Cemetery
LOCATION (City, town, or county) (State): Arlington, Virginia

DATE REC'D BY LOCAL REGISTRAR: DEC 14 1955
REGISTRAR'S SIGNATURE: Mary E. Farrelly
24. FUNERAL DIRECTOR: C. H. Par[illegible] Funeral Home
ADDRESS: 517 11th Street S.E. Washington, D.C.

00645

00684

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 223

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: 15 Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: 17 Takoma Park
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 75 Washington San. & Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: 15 Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring 56
STREET ADDRESS (If rural, give location): 9014 Colesville Road 1

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Blanche	F.	Gearing	Jan.	3	1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Widowed	Aug. 4, 1875	79 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Homemaker	Own home	Pittsburg, Pa.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John R. Fisher	Mary E. Armstrong

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
	none	Mrs. Grace G. Dixon, 452 Argyle Drive Alexandria, Virginia

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Erythema multiforme — Interval between onset and death: 1 w 2 d

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. (1) Hyp. Lar. (2) Arteriosclerosis — ?

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 29 Nov., 1954, to 3 Jan., 1955, that I last saw the deceased alive on 2 Jan., 1955, and that death occurred at 1:35 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
W. [illegible] Wood	MD	[illegible]	4 Jan 55

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Cremation	1/5/55	Ft. Lincoln Crematory	Prince George County, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Jan. 6-1955	J. Wilson Dodd	Warner C. Humphrey	8434 Ga. Ave. Silver Spring, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00699 **CERTIFICATE OF DEATH** Reg. Dist. No. 00685

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY [redacted] MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): X Bethesda Rural
LENGTH OF STAY (in this place): Ohrs Ohmin
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DEACTIVATED:
STATE [redacted] COUNTY [redacted]
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Washington, D.C. 4 Yr.
STREET ADDRESS (If rural give location): 1700 17th Street, S.E.

3. NAME OF DECEASED: (First) Robert (Middle) Alan (Last) GEIGER
4. DATE OF DEATH: (Month) January (Day) 18 (Year) 19 55
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single
8. DATE OF BIRTH: 1-18-55
9. AGE last birthday: yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS: Hours 2 Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10B. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Bethesda, Maryland
12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME: Harry L. GEIGER
14. MOTHER'S MAIDEN NAME: Majorie STIELER
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No (If Yes, give war or dates of service): - -
16. SOCIAL SECURITY NO.: - -
17. INFORMANT & ADDRESS: Father Mr. Harry L. GEIGER same as above

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

762.5 IMMEDIATE CAUSE (A) Atelectasis — INTERVAL BETWEEN ONSET AND DEATH: 2 hr. 25 min

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Prematurity — 2 hr. 25 min

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 18 Jan, 19 55 to 18 Jan, 19 55 that I last saw the deceased alive on 18 Jan 19 55, and that death occurred at 5:45AM, from the causes and on the date stated above.

SIGNATURE M. S. Allen — ADDRESS — DATE SIGNED

M. S. ALLEN LCDR MC USN U. S. Naval Hospital, NNMC, Bethesda, Maryland

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial | DATE THEREOF: 23 Jan 1955 | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State): Milford, Pennsylvania

DATE REC'D BY LOCAL REGISTRAR: [illegible] 1955 | REGISTRAR'S SIGNATURE: Mary E. Farrelly

24. FUNERAL DIRECTOR: R. A. [illegible] Funeral Home | ADDRESS: 7357 Wisconsin Avenue, Bethesda, Md.

3015181224

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00686

00700

CERTIFICATE OF DEATH

Reg. Dist. No. 21

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
X CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Boyds
LENGTH OF STAY (in this place)
00 HOSPITAL OR INSTITUTION OR STREET ADDRESS R.F.D. Boyds

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda X
STREET ADDRESS (If rural give location) 5400 Huntington Parkway

3. NAME OF DECEASED: (Type or Print) (First) ESTELLE (Middle) M. (Last) GILMORE

4. DATE OF DEATH: (Month) Jan. (Day) 6, (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed

8. DATE OF BIRTH: 5-19-72

9. AGE last birthday: 82 yrs.
IF UNDER 1 YEAR: Months 7 Days 17
IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: James Laws

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Robert C. Gilmore- 8117 Rayburn Rd. Bethesda, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Senility — INTERVAL BETWEEN ONSET AND DEATH: 9 years.

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Arteriosclerosis, marked — 1 year.

DUE TO (C) Generalized

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 15, 19 54, to Jan. 6, 19 55, that I last saw the deceased alive on Jan. 5, 19 55, and that death occurred at 2.40 P.M., from the causes and on the date stated above.

SIGNATURE South Schumacher M. D. ADDRESS Bethesda, Md. DATE SIGNED Jan. 6 55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: 1-8-55
NAME OF CEMETERY OR CREMATORY: Rock Creek
LOCATION (City, town, or county) (State): Washington, D.C.

DATE REC'D BY LOCAL REGISTRAR: Jan 10 1955
REGISTRAR'S SIGNATURE: Della W. Burdette

24. FUNERAL DIRECTOR: Robert A Pumphrey
ADDRESS: Bethesda, Md.

RECEIVED
JAN 13 19[illegible]
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00687

00701

CERTIFICATE OF DEATH

Reg. Dist. No. 216

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda; LENGTH OF STAY (in this place) 3 Days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda; STREET ADDRESS (If rural give location) River Road & Bradley Blvd

3. NAME OF DECEASED: (First) ROBERT (Middle) D. (Last) HAGNER

4. DATE OF DEATH: (Month) Jan. (Day) 21 (Year) 1955

5. SEX: M

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): M

8. DATE OF BIRTH: May 26 1882

9. AGE last birthday: 72 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Real Estate

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Washington D. C

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Randall Hagner

14. MOTHER'S MAIDEN NAME: Caroline Dodge

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 212-20-1784

17. INFORMANT & ADDRESS: Mrs. Mary R. Hagner River Road, Bethesda, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X IMMEDIATE CAUSE (A) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 4 Days

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Hypertension — 10 YRS

(C) DUE TO

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION. 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1948, to Jan, 1955 that I last saw the deceased alive on Jan 21, 1955, and that death occurred at 9:30 P M, from the causes and on the date stated above.

SIGNATURE Leo D Donovan M. D. ADDRESS 8016 Lexington Road DATE SIGNED 1/22/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial — DATE THEREOF: 1/24/55 — NAME OF CEMETERY OR CREMATORY: Oak Hill Cemetery — LOCATION (City, town, or county) (State): Washington, D. C.

DATE REC'D BY LOCAL REGISTRAR 1/26/55 — REGISTRAR'S SIGNATURE Bessie M. Thompson

24. FUNERAL DIRECTOR Warner E. Pumphrey — ADDRESS 8434 Georgia Ave. Silver Spring, Md.

RECEIVED
JAN 28 1955
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00688

00792

CERTIFICATE OF DEATH

Reg. Dist. No. 216

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bethesda
LENGTH OF STAY (in this place) 1 day, 7 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 74 Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring.
STREET ADDRESS (If rural give location) 12302 Charles R oad

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) Collins (Last) Hale

4. DATE OF DEATH: (Month) Jan. (Day) 28 (Year) 19 55

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widower

8. DATE OF BIRTH: Nov. 15, 1880

9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machinist

10B. KIND OF BUSINESS OR INDUSTRY: Iron and Steel

11. BIRTHPLACE (State or foreign country): Danville, Pennsylvania

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Lyman S. Hale

14. MOTHER'S MAIDEN NAME: Dana (surname unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 160-05-9185

17. INFORMANT & ADDRESS: Daughter - Mrs. Mildred Keeley, 12302 Charles Rd., Silver Spring

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE 260 X	(A) CONGESTIVE HEART FAILURE	3-4 wks
ANTECEDENT CAUSE (B): DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B) Arteriosclerotic heart disease	8 yrs
	DUE TO (C) Diabetes Mellitus	8 yrs.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/27, 1955 to 1/28, 1955, that I last saw the deceased alive on 1/27, 1955, and that death occurred at 5:30 M, from the causes and on the date stated above.

SIGNATURE Charles J. Savarese Jr. M. D. ADDRESS 4861 Battery Lane DATE SIGNED 1/28/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL | DATE THEREOF 1/31/55 | NAME OF CEMETERY OR CREMATORY Washington National | LOCATION (City, town, or county) Suitland Md. (State)

DATE REC'D BY LOCAL REGISTRAR 1/31/55 | REGISTRAR'S SIGNATURE Bessie M. Thompson

24. FUNERAL DIRECTOR W. W. Chambers & | ADDRESS 1740 Sargent St. NW Wash. D.C.

00703

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00689 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (In this place) 5 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4914 Rockford Rd

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Mont
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Bethesda
STREET ADDRESS (If rural, give location) 4914 Rockford Rd

3. NAME OF DECEASED: (Type or Print) (First) Frederick (Middle) Ashley (Last) Handy

4. DATE OF DEATH (Month) Jan (Day) 31 (Year) 1955

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	12-6-1909	45 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Veterans Inspector	C & P Tel Co	D. C.	U.S.A.

13. FATHER'S NAME: John Dwight Handy

14. MOTHER'S MAIDEN NAME: Hazel E. Boswell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
		Isabelle Handy (wife) Same as Dec'd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Carcinoma of Lung

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b)

DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH: Several months by need and color of tumor

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☒, Homicide ☐, Undetermined cause ☐.

SIGNATURE David J. Brockhurst M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 1-31-55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2/2/55	Rock Creek Cemetery	Washington, D. C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2/5/55	Bessie M. Thompson	Warner E. Pumphrey	8434 Georgia Ave. Silver Spring, Md.

VS. A15A - 5 - 53

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

. 3 7 [illegible]

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00690

00704

CERTIFICATE OF DEATH

Reg. Dist. No. 216

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: 15 COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bethesda
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 50 5504 Unningham Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery 15
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda X
STREET ADDRESS (If rural give location) 5504 Unningham Road

3. NAME OF DECEASED: (Type or Print) (First) RUTH (Middle) SNAGG (Last) HEALY

4. DATE OF DEATH: (Month) JAN. (Day) 4 (Year) 1955

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married | 8. DATE OF BIRTH: July 20, 1908 | 9. AGE last birthday: 46 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife | 10B. KIND OF BUSINESS OR INDUSTRY: Own Home | 11. BIRTHPLACE (State or foreign country): Connecticut | 12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Burton W. Snagg | 14. MOTHER'S MAIDEN NAME: Alma Scarrit

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. None | 17. INFORMANT & ADDRESS: R.H.Hamilton- Item# 2

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

175 X

IMMEDIATE CAUSE (A) METASTATIC SPREAD OF CARCINOMA — INTERVAL BETWEEN ONSET AND DEATH: 8+ MONTHS

ANTECEDENT CAUSE (S) DUE TO (B) CARCINOMA OF OVARY — 1+ YEARS

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 3 Feb. 1954 — 22 July 54 — 19B. MAJOR FINDINGS OF OPERATION: uterus & ovaries removed. Dx: CA. OF OVARY, RT. COLOSTOMY & RESECTION OF BOWEL

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from NOV., 1954 to 4 JAN., 1955, that I last saw the deceased alive on 3 JAN., 1955, and that death occurred at 2:40 P.M., from the causes and on the date stated above.

SIGNATURE Charles J. Sawyer Jr., M.D. ADDRESS 4861 BATTERY LANE BETHESDA, DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Cremation | DATE THEREOF: 1-5-55 | NAME OF CEMETERY OR CREMATORY: Cedar Hill | LOCATION (City, town, or county) (State): Suitland, Md.

DATE REC'D BY LOCAL REGISTRAR: 1/4/55 | REGISTRAR'S SIGNATURE: Bessie M. Thompson | 24. FUNERAL DIRECTOR: Robert W. Cumbering | ADDRESS: Bethesda, Maryland

LURGAU V. S.

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00705

CERTIFICATE OF DEATH

Reg. Dist. No. 00691 2/16

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bethesda
LENGTH OF STAY (In this place) 8 days 13 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 74 Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda X
STREET ADDRESS (If rural give location) 7823 Custer Road

3. NAME OF DECEASED: (Type or Print) (First) Elisabetha (Middle) L (Last) Heider

4. DATE OF DEATH: (Month) 1 (Day) 21 (Year) 1955

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widow
8. DATE OF BIRTH: 6 28 67
9. AGE last birthday 87 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Grossandinden, Germany
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Henry Dorn
14. MOTHER'S MAIDEN NAME: Marie Menges

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS: Mrs. Louise Carey - daughter 7823 Custer Rd. Bethesda, Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH.
(A) Congestive heart failure — INTERVAL BETWEEN ONSET AND DEATH: 3 months
IMMEDIATE CAUSE
ANTECEDENT CAUSE (B)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B) Hypertensive vascular disease
DUE TO (C) and arteriosclerotic heart disease ?
420.0

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1953, 19—, to Jan. 21, 19 55, that I last saw the deceased alive on Jan. 21, 19 55, and that death occurred at 2:15 P.M., from the causes and on the date stated above.
SIGNATURE Vincent A. Gray Jr M.D. ADDRESS 104 Chevy Chase DR. DATE SIGNED Jan. 21, 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: 1-24-55
NAME OF CEMETERY OR CREMATORY: Rock Creek
LOCATION (City or town) (County) (State): Washington, D.C.

DATE REC'D BY LOCAL REGISTRAR 1/21/55
REGISTRAR'S SIGNATURE Bessie M. Thompson
FUNERAL DIRECTOR Robert A. Pumphrey
ADDRESS Bethesda, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00692

CERTIFICATE OF DEATH

00706 Reg. Dist. No.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

9V84-99V99V

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bethesda Rural
LENGTH OF STAY (in this place) 1mo 16 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 51 U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Alabama COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Jacksonville
STREET ADDRESS (If rural give location) 515½ Mountain View Road
CX-3

3. NAME OF DECEASED: (Type or Print) (First) Phillip (Middle) P. (Last) HENDY

4. DATE OF DEATH: (Month) January (Day) 12 (Year) 1955

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single
8. DATE OF BIRTH: 8-25-54
9. AGE last birthday yrs. IF UNDER 1 YEAR Months 4 Days 17 IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10B. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Alabama
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Phillip P. HENDY
14. MOTHER'S MAIDEN NAME: Ethel VERRILL

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Father Mr. Phillip P. HENDY same as above

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

491X IMMEDIATE CAUSE (A) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 48 hrs

ANTECEDENT CAUSE (S) DUE TO (B) Subendocardial fibroelastosis — 4½ mos

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST DUE TO (C) Coarctation of aorta — 4½ mos

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 26 Nov, 19 54 to 12 Jan, 19 55 that I last saw the deceased alive on 12 Jan, 19 55, and that death occurred at 5:50A M, from the causes and on the date stated above.

SIGNATURE D. J. Pascoe ADDRESS M. D. PASCOE LT MC USN U. S. Naval Hospital NNMC, Bethesda, Maryland DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 17 Jan 1955
NAME OF CEMETERY OR CREMATORY Red Hill Cemetery
LOCATION (City, town, or county) (State) Meredith, New Hampshire

DATE REC'D BY LOCAL REGISTRAR 14 Jan 1955
REGISTRAR'S SIGNATURE Mary E. Farrell
24. FUNERAL DIRECTOR R. A. Tompert Funeral Home ADDRESS 7557 Wisconsin Avenue, Bethesda, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00693

00707 CERTIFICATE OF DEATH Reg. Dist. No. 2/6

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bethesda LENGTH OF STAY (in this place) 1 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 74 Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Glen Echo X
STREET ADDRESS (If rural give location) 10 Oberlin Ave.

3. NAME OF DECEASED: (Type or Print) (First) Ella (Middle) L (Last) Higgins

4. DATE OF DEATH: (Month) (Day) (Year) Jan. 22 1955

5. SEX: Female 6. COLOR OR RACE: White 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH: Dec 31, 1879 9. AGE last birthday 75 yrs. IF UNDER 1 YEAR: Months 0 Days 21 IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Hswf. 10B. KIND OF BUSINESS OR INDUSTRY: 11. BIRTHPLACE (State or foreign country): Maryland - Great Falls 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Everett Fisher 14. MOTHER'S MAIDEN NAME: Constantine Fisher (sic)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) 16. SOCIAL SECURITY NO. NONE 17. INFORMANT & ADDRESS: (Son) Bethesda Edgar L. Higgins 5621 Beech Ave

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Uremia — INTERVAL BETWEEN ONSET AND DEATH: 6 weeks

ANTECEDENT CAUSE (S): DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST
DUE TO (B) Arteriosclerosis — 1 yr.
DUE TO (C) Pyelitis — 2 mos.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Diabetes Mellitus

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 18, 1954 to Jan 22, 1955 that I last saw the deceased alive on Jan 21, 1955, and that death occurred at 5:05 A.M., from the causes and on the date stated above.
SIGNATURE George Sharpe M.D. ADDRESS 10644 Connecticut Ave Kensington Md. DATE SIGNED Jan 24, 1955

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF Jan 25, 1955 | NAME OF CEMETERY OR CREMATORY Forest Oak | LOCATION (City, town, or county) (State) Gaithersburg Maryland

DATE REC'D BY LOCAL REGISTRAR 1/24/55 | REGISTRAR'S SIGNATURE Bessie M. Thompson | 24. FUNERAL DIRECTOR Roberta A. Pumphrey | ADDRESS Bethesda, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00694

00798

CERTIFICATE OF DEATH

Reg. Dist. No. 2-4

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10-53

1. PLACE OF DEATH
COUNTY Montgomery | MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 615 St. Andrews Lane

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural give location) 615 St. Andrews Lane

3. NAME OF DECEASED: (Type or Print) (First) Caroline (Middle) Jane (Last) Horner

4. DATE OF DEATH: (Month) Jan. (Day) 25, (Year) 1955

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed | 8. DATE OF BIRTH: 1/9/76 | 9. AGE last birthday: 79 yrs | IF UNDER 1 YEAR: Months | Days | IF UNDER 24 HRS: Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): Homemaker | 10B. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Pennsylvania | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Blair

14. MOTHER'S MAIDEN NAME: Emma Hemphill

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no | (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. no

17. INFORMANT & ADDRESS: Mrs. Ruth Eagleton, 615 St. Andrews Lane Silver Spring, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0
IMMEDIATE CAUSE (A) Cardiac failure — INTERVAL BETWEEN ONSET AND DEATH: 5 minutes

ANTECEDENT CAUSE (S):
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B) Hypertensive arteriosclerotic heart disease — Several years
DUE TO (C) Cerebral arteriosclerosis — Several years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from September, 1954, to Date, 1955, that I last saw the deceased alive on January 23, 1955, and that death occurred at 4 15 P.M. from the causes and on the date stated above.

SIGNATURE Bennet A. Portes, Jr., M.D. M. D. | ADDRESS 9301 Colesville Rd. | DATE SIGNED January 25, 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Trans. & Burial | DATE THEREOF 1/28/55 | NAME OF CEMETERY OR CREMATORY Greenmount Cemetery | LOCATION (City, town, or county) (State) Bath, Pennsylvania

DATE REC'D BY LOCAL REGISTRAR 1-27-55 | REGISTRAR'S SIGNATURE Frances Potter | 24. FUNERAL DIRECTOR Warner E. Lumpkney | ADDRESS 8434 Ga. Ave. Silver Spring, Md.

RECEIVED
JAN
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00591

00646

CERTIFICATE OF DEATH

Reg. Dist. No. 223-

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY: Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): 17 Takoma Park
MARYLAND LENGTH OF STAY (in this place): 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 75 Washington Sanitarium & Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED.
STATE: D.C. COUNTY:
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Washington, D.C. 47 x 5
STREET ADDRESS (If rural give location): 7816 12th St., N.W.

3. NAME OF DECEASED: (Type or Print) (First) Roy (Middle) Lincoln (Last) Hunt

4. DATE OF DEATH: (Month) (Day) (Year) 1-22-1955

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): married
8. DATE OF BIRTH: 6-25-95
9. AGE last birthday: 59 yrs. IF UNDER 1 YEAR: Months 6 Days 27 IF UNDER 24 HRS: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Engineer
10B. KIND OF BUSINESS OR INDUSTRY: Fire Prevention
11. BIRTHPLACE (State or foreign country): New York
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Lincoln Hunt
14. MOTHER'S MAIDEN NAME: Minnie Buffett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): no (If Yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Niece + Hospital Record

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

181X
IMMEDIATE CAUSE
(A) Carcinomatosis, liver, abdomen, left lung — INTERVAL BETWEEN ONSET AND DEATH: 2 mos.

ANTECEDENT CAUSE (S):
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST
DUE TO Abdominal, pelvic & axillary + supraclavicular nodes.
(B) DUE TO Squamous Cell Carcinoma of bladder — 27 mos.
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1 Dec., 1954, to 22 Jan., 1955, that I last saw the deceased alive on 21 Jan., 1955, and that death occurred at 1:55 P M, from the causes and on the date stated above.

SIGNATURE: J. Blair Tidyman M.D.
ADDRESS: 8218 Wisconsin Ave, Bethesda Md.
DATE SIGNED: 1/22/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: Jan 25, 1955
NAME OF CEMETERY OR CREMATORY: Ft. Lincoln Cem.
LOCATION (City, town, or county) (State): Prince George Co. Md.

DATE REC'D BY LOCAL REGISTRAR: Jan. 22-1955
REGISTRAR'S SIGNATURE: Jr. Wilbert Dodd
24. FUNERAL DIRECTOR: The S. H. Hines Co
ADDRESS: 2901-14th St. N.W., D.C.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00695

00709

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH:
COUNTY [illegible] MARYLAND
X CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda Rural
LENGTH OF STAY (In this place) 2 to 10 days
51 HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Arkansas COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Smith 42X 3
STREET ADDRESS (If rural give location) General Delivery

3. NAME OF DECEASED: (Type or Print) (First) Barbara (Middle) Ella (Last) HUTCHERSON

4. DATE OF DEATH: (Month) January (Day) 18 (Year) 19 55

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married
8. DATE OF BIRTH: 2-14-34
9. AGE last birthday 20 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Housewife
11. BIRTHPLACE (State or foreign country): Arkansas
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Robert Main
14. MOTHER'S MAIDEN NAME: Viola KILGORE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) — —
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT & ADDRESS: Husband Mr. Roy L. HUTCHERSON same as above

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE 289.2 (A) Acute Intermittent Porphyria — INTERVAL BETWEEN ONSET AND DEATH: 6 mos.

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Bron. Pneumonia — 2 days

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2 NOV 54 to 18 Jan 55 that I last saw the deceased alive on 18 Jan 55, and that death occurred at 8:40P M, from the causes and on the date stated above.

SIGNATURE Harold L. Pittman, G. I. LT MC USN — ADDRESS U. S. Naval Hospital, NNMC, Bethesda, Maryland — DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 21 Jan 55 — NAME OF CEMETERY OR CREMATORY Arlington National Cemetery — LOCATION (City, town, or county) (State) Arlington, Virginia

DATE REC'D BY LOCAL REGISTRAR 20 Jan 1955 — REGISTRAR'S SIGNATURE Mary E. Farrelly

24. FUNERAL DIRECTOR R. A. [illegible] Funeral Home — ADDRESS 5557 Wisconsin Avenue, Bethesda, Maryland

00710

00696 Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Phys[illegible]: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (In this place) 12 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4626 Chestnut St

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Mont
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Bethesda
STREET ADDRESS (If rural, give location) 4626 Chestnut St

3. NAME OF DECEASED: (Type or Print) (First) Douglas (Middle) Shaw (Last) Hutton

4. DATE OF DEATH (Month) Jan (Day) 1 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Single	Sept 4 1937	17 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
School		Del.	USA

13. FATHER'S NAME: Thomas G Hutton

14. MOTHER'S MAIDEN NAME: Marcia A Shaw

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
		Mrs T G Hutton (Mother) Same as Dec'd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause (a)	Bullet wound on forehead	Instantaneous
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)		
DUE TO (c)		

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town)	(County)	(State)
	Home	Bethesda	Mont	Md

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED While at work ☐ Not while at work ☒	21f. HOW DID INJURY OCCUR?
1-1-55 5 P M.		Self inflicted bullet wound

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☒, Homicide ☐, Undetermined cause ☐.

SIGNATURE David J. Broxtart M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 1-1-55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
CREMATION	Jan. 3, 1955	Cedar Hill Crematory	Prince George Co., Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1/3/55	Bessie M. Fitzpatrick	Leonard A. Humphrey	Bethesda, Maryland

VS. A15A - 5 - 53

RECEIVED
JAN 5 1955
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

00697

00711

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 212

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Montgomery — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: X Boyds
LENGTH OF STAY (in this place): Hour
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 00 Office of Dr. John G. Fawcett

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Barnesville
STREET ADDRESS (If rural, give location): X

3. NAME OF DECEASED (Type or Print): (First) DAVID (Middle) MORRIS (Last) JACKSON

4. DATE OF DEATH: (Month) January (Day) 22 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: March 2, 1950

9. AGE last birthday: 4 yrs. — If under 1 year: Months — Days — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John H. Jackson

14. MOTHER'S MAIDEN NAME: Ruby Jackson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: John H. Jackson, Barnesville, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

754-4

Immediate cause (a) Congestive heart failure — Interval Between Onset and Death: 3 days.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Cardiomegaly — Interval Between Onset and Death: Life

(c) Congenital heart disease — Interval Between Onset and Death: Life

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: none

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): none

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 6, 1955, to Jan 22, 1955, that I last saw the deceased alive on Jan 22, 1955, and that death occurred at 6 P.M. m., from the causes and on the date stated above.

SIGNATURE: John G Fawcett (Degree or title) M.D. ADDRESS: Boyds, Maryland DATE SIGNED: Jan 22. 1955

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Jan. 26 1955 — NAME OF CEMETERY OR CREMATORY: Fairview Cemetery — LOCATION (City, town, or county) (State): Frederick, Maryland

DATE REC'D BY LOCAL REG.: Jan. 24, 1955 — REGISTRAR'S SIGNATURE: Mark P. Eyler

24. FUNERAL DIRECTOR: M. R. Etchison & Son, Frederick, Maryland — ADDRESS

RECEIVED
JAN 28 1955
BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00712

CERTIFICATE OF DEATH

Reg. Dist. No. 1

1. PLACE OF DEATH: COUNTY [illegible] MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bethesda Rural
LENGTH OF STAY (in this place) 4 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 51 U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District of Columbia COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington, D.C.
STREET ADDRESS (If rural give location) 1234 Irving Street, N. W.

3. NAME OF DECEASED: (Type or Print) (First) Alexander (Middle) (n) (Last) JENKINS
4. DATE OF DEATH: (Month) January (Day) 14 (Year) 19 55

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married
8. DATE OF BIRTH: 12-3-96
9. AGE last birthday: 58 yrs
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): South Carolina
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Elice JENKINS
14. MOTHER'S MAIDEN NAME: Emma DAVIS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT & ADDRESS: Wife Mrs. Annie M. JENKINS same as above

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
IMMEDIATE CAUSE (A) Retroulsum Hemorrhage DUE TO
ANTECEDENT CAUSE (B) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)

INTERVAL BETWEEN ONSET AND DEATH: unknown

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10 Jan, 1955, to 14 Jan, 1955, that I last saw the deceased alive on 14 Jan, 1955, and that death occurred at 10:10AM, from the causes and on the date stated above.

SIGNATURE [signature] ADDRESS Lt. USNR U. S. Naval Hospital, NNMC, Bethesda, Maryland DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 18 Jan 1955
NAME OF CEMETERY OR CREMATORY Cedar Grove Cemetery
LOCATION (City, town, or county) (State) Lawrenceville, Virginia

DATE REC'D BY LOCAL REGISTRAR [illegible] r, 1955
REGISTRAR'S SIGNATURE Mary E. Farrelly
24. FUNERAL DIRECTOR [illegible] Funeral Home
ADDRESS [illegible] Washington, D.C.

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00699

00647 CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH:
15 COUNTY Montgomery MARYLAND
17 CITY OR TOWN (If outside corporate limits, write and give nearest town) Takoma Park RURAL LENGTH OF STAY (in this place) 8 days
75 HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Montgomery 15
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring 57
STREET ADDRESS (If rural give location) 727 Chesapeake ave. 1

3. NAME OF DECEASED: (Type or Print) (First) Richard (Middle) Holland (Last) JOHNSTON
4. DATE OF DEATH: (Month) Jan (Day) 2 (Year) 1955
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married
8. DATE OF BIRTH: May 6, 1868
9. AGE last birthday 86 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): Retired Salesman
10B. KIND OF BUSINESS OR INDUSTRY: Amer. R.R. Assn.
11. BIRTHPLACE (State or foreign country): Canada
12. CITIZEN OF WHAT COUNTRY: U. S.
13. FATHER'S NAME: Hugh Johnston
14. MOTHER'S MAIDEN NAME: Eliza Holland
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT & ADDRESS: Mrs Elizabeth D. Johnston 727 Chesapeake ave Silver Spring Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 10 days

ANTECEDENT CAUSE (S): DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
(B) DUE TO Arteriosclerotic Heart Disease —
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from , 1950, to Jan 2, 1955, that I last saw the deceased alive on Jan 1, 1955, and that death occurred at 8 32/60 AM, from the causes and on the date stated above.
SIGNATURE J. Marion Bouchard M.D. ADDRESS 1924 Col. Blvd. Silver Spring Md DATE SIGNED Jan 2, 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation
DATE THEREOF 1/4/55
NAME OF CEMETERY OR CREMATORY Ft. Lincoln Crematory
LOCATION (City, town, or county) (State) Prince George County, Md.

DATE REC'D BY LOCAL REGISTRAR Jan 6 1955
REGISTRAR'S SIGNATURE Wilbur Dodd
24. FUNERAL DIRECTOR Warner E. Pumphrey
ADDRESS 8434 Georgia Ave. Silver Spring, Md.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 007604

00713 **CERTIFICATE OF DEATH** Reg. Dist. No. 24

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
LENGTH OF STAY (in this place) 56
HOSPITAL OR INSTITUTION OR STREET ADDRESS 9820 Woodland Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring 56
STREET ADDRESS (If rural give location) 9820 Woodland Road 1

3. NAME OF DECEASED: (Type or Print) (First) Mildred (Middle) A. (Last) Kawakami

4. DATE OF DEATH: (Month) Jan. (Day) 20 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed

8. DATE OF BIRTH: Nov. 7, 1871

9. AGE last birthday 83 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife - own home

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Momence, Illinois

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ? Clarke

14. MOTHER'S MAIDEN NAME: Charlotte Thayer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Mr. Clarke Kawakami, 10,300 Naglee Road Silver Spring, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

170X IMMEDIATE CAUSE (A) Carcinoma of Left Breast with metastases to lymph glands and bones. — INTERVAL BETWEEN ONSET AND DEATH 1 yr. and 1 mo.

ANTECEDENT CAUSE (S):

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-8, 1954, to 1-20, 1955, that I last saw the deceased alive on 1-14, 1955, and that death occurred at 7:35 A.M. from the causes and on the date stated above.

SIGNATURE Thomas A. Waldman M D ADDRESS 3729 Mattison St NW, Wash DC DATE SIGNED 1-20-55.

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation — DATE THEREOF 1/20/55 — NAME OF CEMETERY OR CREMATORY Ft. Lincoln Crematory — LOCATION (City, town or county) (State) Prince George County, Md.

DATE REC'D BY LOCAL REGISTRAR 1-21-55 — REGISTRAR'S SIGNATURE Frances Potter

24. FUNERAL DIRECTOR Varner & Humphrey ADDRESS 8434 Georgia Ave. Silver Spring, Md

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

00714 Item 1-c 176 1-21-55 et

00701

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 214

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:

COUNTY Montgomery — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kensington — LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS 4023 Plyers Mill Rd

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md. COUNTY Montg

CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Kensington

STREET ADDRESS (If rural, give location) 4023 Plyers Mill Rd

3. NAME OF DECEASED: (First) (Middle) (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Joseph D Keith	June 13 1955

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	Col.	Married	May 20 1877	77 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Laborer		Maryland	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Daniel Keith	Ann Thornton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT'S NAME & ADDRESS:
		Mrs. Keith 4023 Plyers Mill Kensington, Md. Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Coronary Thrombosis	Unknown
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b)	
DUE TO		
	(c)	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Joseph J. Bowersox M. D. — CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ — DATE SIGNED 1-14-55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	1/16/55	Remington	Remington, Va.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1-17-55	Frances Potter	Robert L. Snowden	Rockville, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00702

00648 CERTIFICATE OF DEATH

Reg. Dist. No. 223

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information called for. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH.
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 17 Takoma Park
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington San. and Hosp. Takoma Park, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring 56
STREET ADDRESS (If rural give location) 154 Ames Rd. 1

3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print) Kilgore

4. DATE OF DEATH: (Month) 1 (Day) 25 (Year) 1955

5. SEX. Female

6. COLOR OR RACE: Cauc

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify):

8. DATE OF BIRTH: 1-25-55

9. AGE last birthday yrs. IF UNDER 1 YEAR: Months, Days. IF UNDER 24 HRS.: Hours 1, Min. 15

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? U.S.a.

13. FATHER'S NAME: Roy Wiley Kilgore

14. MOTHER'S MAIDEN NAME: Elizabeth Jane Biggs

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

776X
IMMEDIATE CAUSE (A) Prematurity - 23 wks gestation
ANTECEDENT CAUSE (S) DUE TO
(B) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-25, 1955, to 1-25, 1955, that I last saw the deceased alive on 1-25, 1955, and that death occurred at 3:15 A M, from the causes and on the date stated above.

SIGNATURE Emma Hughes M.D. ADDRESS Takoma Park Md. DATE SIGNED 1-25 55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation

DATE THEREOF 1-27-55

NAME OF CEMETERY OR CREMATORY Wash San. & Hospital

LOCATION (City, town, or county) (State) Takoma Park Md

DATE REC'D BY LOCAL REGISTRAR Jan 27 1955

REGISTRAR'S SIGNATURE J. Wilson Dodd

24. FUNERAL DIRECTOR Robert A Hare M.D.

ADDRESS Takoma Park

2015022370

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00703

00715

CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda Rural
LENGTH OF STAY (in this place) 1day
HOSPITAL OR INSTITUTION OR STREET ADDRESS 51 U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE District of Columbia COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington, D.C. 47
STREET ADDRESS (If rural give location) 758 13th Street SE

3. NAME OF DECEASED: (Type or Print) (First) Giles (Middle) Lamond (Last) Kirby Jr.

4. DATE OF DEATH: (Month) January (Day) 1 (Year) 1955

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Single
8. DATE OF BIRTH: 1-1-55
9. AGE last birthday yrs IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours 21 Min. 33

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10B. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Giles Lamond Kirby
14. MOTHER'S MAIDEN NAME: Ella Jane Cody

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS: Giles L. Kirby 758 13th St SE, Wash. D.C.

IF MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Pulmonary Hyalone Membrane DUE TO — INTERVAL BETWEEN ONSET AND DEATH 15 hrs

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Prematurity — 21/2 hrs

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1 Jan, 1955, to 2 Jan, 1955, that I last saw the deceased alive on 2 Jan, 1955, and that death occurred at 5:23 P.M., from the causes and on the date stated above.

SIGNATURE, ADDRESS, DATE SIGNED: D.J. PASCOE, LT, MC, USN U.S. Naval Hospital, NNMC, Bethesda, Maryland 1-2-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 1-3-55
NAME OF CEMETERY OR CREMATORY Arlington National Cemetery
LOCATION (City, town, or county) (State) Arlington, Virginia

DATE REC'D BY LOCAL REGISTRAR 1-2-55
REGISTRAR'S SIGNATURE Mary E. Donnelly
24. FUNERAL DIRECTOR, ADDRESS R.A. PUMPHREY Bethesda, Maryland 1557 Wisconsin Ave 2015213302

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 5 19
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00704

00716 CERTIFICATE OF DEATH

Reg. Dist. No. 214

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Montgomery — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 56 Silver Spring
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 816 Thayer Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring 56
STREET ADDRESS (If rural give location) 816 Thayer Avenue

3. NAME OF DECEASED: (Type or Print) (First) George (Middle) West (Last) Klase

4. DATE OF DEATH: (Month) Jan. (Day) 20 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: June 18, 1881

9. AGE last birthday: 73 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Civil Engineer - retired

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Danville, Pa.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Jesse Klase

14. MOTHER'S MAIDEN NAME: Helen Hoffman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 218-10-8363

17. INFORMANT & ADDRESS: Mrs. Mary S. Klase - 816 Thayer Ave. Silver Spring, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE 443X
(A) Hypertensive Heart Disease — 10 yrs.

ANTECEDENT CAUSE (S):
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
(B) DUE TO Diabetes Mellitus — 8 yrs.
(C) DUE TO Edemand enterioscleronis — 10 yrs.
250X

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Terminal congestive failure 9 months

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 8, 1951, to Jan 20, 1955, that I last saw the deceased alive on Jan 20, 1955, and that death occurred at 6.05 A M. from the causes and on the date stated above.
SIGNATURE Kenneth Quigley M.D. ADDRESS 934 Ellsworth St Silver Spring DATE SIGNED 1-20-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Buried
DATE THEREOF 1/22/55
NAME OF CEMETERY OR CREMATORY Parklawn Cemetery
LOCATION (City, town, or county) (State) Montgomery County, Maryland

DATE REC'D BY LOCAL REGISTRAR 1-21-55
REGISTRAR'S SIGNATURE Frances Potter
24. FUNERAL DIRECTOR Warner & Pumphrey
ADDRESS 8434 Ga. Ave. Silver Spring, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00705

00717

CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda Rural
LENGTH OF STAY (in this place) 7 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Districtoof Columbia
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington 47X
STREET ADDRESS (If rural give location) 1702 17th Street N.W.

3. NAME OF DECEASED: (Type or Print) (First) Darwin (Middle) Gene (Last) Lambert

4. DATE OF DEATH: (Month) January (Day) 22 (Year) 19 55

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH: 3-11-54
9. AGE last birthday yrs. IF UNDER 1 YEAR Months 10 Days 11 IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10B. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Ohio
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Malvan James Lambert
14. MOTHER'S MAIDEN NAME: Dolores Stone

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS: Washington, D.C. Malvan J. Lambert 1702 17th St. NW,

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

7540
IMMEDIATE CAUSE (A) Heart Disease, Congenital — 10 mo 11 day

ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST
DUE TO (B) Tetralogy of Fallot
DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 1-22-55
19B. MAJOR FINDINGS OF OPERATION Pulmonary artery hypoplasia
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work [ ] Not while at work [ ]
21F. HOW DID INJURY Ooccur?

22. I hereby certify that I attended the deceased from 1-15- , 1955, to 1-22- , 1955, that I last saw the deceased alive on 22 January, 1955, and that death occurred at 9:30 PM, from the causes and on the date stated above.

SIGNATURE ADDRESS DATE SIGNED
F.V. BERLEY, CDR, MC, USN U. S. Naval Hospital, NNMC, Bethesda, Maryland

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 26 Jan 1955
NAME OF CEMETERY OR CREMATORY Rome Cemetery
LOCATION (City, town, or county) (State) Rome, Ohio

DATE REC'D BY LOCAL REGISTRAR 23 Jan 1955
REGISTRAR'S SIGNATURE Mary E. Farrell
24. FUNERAL DIRECTOR ADDRESS R. A. PUMPHREY Funeral Home 7557 Wisconsin Avenue, Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

9V3H-99V99V

RECEIVED
JAN 31 1955
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00706

CERTIFICATE OF DEATH

00718 Reg. Dist. No. .....

1. PLACE OF DEATH
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring
LENGTH OF STAY (in this place) 7 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 10019 Lorain Ave.,

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural give location) 10019 Lorain Ave.,

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) Henry (Last) Landon

4. DATE OF DEATH: (Month) Jan. (Day) 15 (Year) 1955

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 9 October 1877
9. AGE last birthday: 77 yrs
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): Clerk
10B. KIND OF BUSINESS OR INDUSTRY: Bakery
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph Landon
14. MOTHER'S MAIDEN NAME: Margaret Ellen Pole

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes) (no) or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. 215-01-6276
17. INFORMANT & ADDRESS Mrs. Mildred Palmer 10019 Lorain Ave., Silver Spring, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Myocardial Failure — INTERVAL BETWEEN ONSET AND DEATH: 1½ days

ANTECEDENT CAUSE (B) DUE TO Arteriosclerotic Heart Disease — 40 yrs.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (C) DUE TO

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Bilateral Bronchopneumonia 2 wks.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION None Diarrhea
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August, 1954, to Jan. 15, 1955, that I last saw the deceased alive on Jan. 15, 1955, and that death occurred at 6:05 PM, from the causes and on the date stated above.
SIGNATURE Russell B. Arnold M.D. ADDRESS 8801 Georgia Ave., Silver Spring, Md. DATE SIGNED Jan. 15, 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF Jan 18/55
NAME OF CEMETERY OR CREMATORY Druid Ridge
LOCATION (City, town, or county) (State) Balto. Md.

DATE REC'D BY LOCAL REGISTRAR 1-18-55
REGISTRAR'S SIGNATURE A W Heiss
24. FUNERAL DIRECTOR Young Bros
ADDRESS 5105 Reisterstown Rd Balto 15, Md.

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00707

00655 CERTIFICATE OF DEATH Reg. Dist. No. .....

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH.
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rockville
LENGTH OF STAY (in this place) 4 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 720 W. Montgomery Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rockville
STREET ADDRESS (If rural give location) 720 W. Montgomery Ave.,

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) P. (Last) LANE

4. DATE OF DEATH: (Month) Jan. (Day) 22, (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Aug. 5, 1888

9. AGE last birthday: 66 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Beverly, New Jersey

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Reuben Philip Hains

14. MOTHER'S MAIDEN NAME: Harriett F. Pittee

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16 SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Albert H. Lane Son- 720 W. Montg.Ave, Rockville, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE 420.1

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(A) Cardiac asystole — INTERVAL BETWEEN ONSET AND DEATH: 5 min

DUE TO

(B) Myocardial Infarction — 4 hrs

DUE TO

(C) Coronary arteriosclerosis & hypertension — Indef.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: —

19B. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/1/53, to 1/24/55, that I last saw the deceased alive on 1/22/55, and that death occurred at 12:30 P.M., from the causes and on the date stated above.

SIGNATURE Stephen R. Jones M. D. ADDRESS Rockville, Md DATE SIGNED 1/24/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 1-25-55

NAME OF CEMETERY OR CREMATORY Meadow Ridge Mem.Pk.Cem.

LOCATION (City, town, or county) Baltimore Co., (State) Md.

DATE REC'D BY LOCAL REGISTRAR 1/25/55

REGISTRAR'S SIGNATURE Laurell H. Bragdon

24. FUNERAL DIRECTOR Robert A. Pumphrey ADDRESS Bethesda, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00708

00719 **CERTIFICATE OF DEATH**

Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 9501 Montgomery Drive

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
STREET ADDRESS (If rural give location) 9501 Montgomery Drive

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) OLIVER F. LATOUR

4. DATE OF DEATH: (Month) (Day) (Year) Jan. 31, 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: 10-28-68

9. AGE last birthday 86 yrs.
IF UNDER 1 YEAR: Months 3 Days 5
IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret.-Contractor

10B. KIND OF BUSINESS OR INDUSTRY: Builder

11. BIRTHPLACE (State or foreign country): New York

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Oliver Latour

14. MOTHER'S MAIDEN NAME: Mary Kane

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 579-07-4566

17. INFORMANT & ADDRESS: Marie Latour - Item# 2

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 6 months

ANTECEDENT CAUSE (S) DUE TO (B) Cardio-vascular renal disease — unknown

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) + Myocarditis

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Chronic arthritis — 5 years.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 15, 1953 to Jan. 31, 1955, that I last saw the deceased alive on Jan. 31, 1955, and that death occurred at 9:25 A.M., from the causes and on the date stated above.

SIGNATURE John L. DeMayo M. D. ADDRESS 5039 Kansas Ave. N.W. DATE SIGNED 1-31-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 2-3-55

NAME OF CEMETERY OR CREMATORY Parklawn

LOCATION (City, town, or county) (State) Rockville, Maryland

DATE REC'D BY LOCAL REGISTRAR 1/31/55

REGISTRAR'S SIGNATURE Bessie M. Shoemaker

24. FUNERAL DIRECTOR Robert R. Humphreys ADDRESS Bethesda, Md.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01093

3227

CERTIFICATE OF DEATH

Reg. Dist. No. 215

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
15
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Bethesda, Rural
LENGTH OF STAY (In this place) 4mo 13das
HOSPITAL OR INSTITUTION OR STREET ADDRESS 51 U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location) 813 Lake Drive

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) Isreal (Last) LEBOVITZ

4. DATE OF DEATH: (Month) January (Day) 2 (Year) 1955

5. SEX: Male
6. COLOR OR RACE: Cauc
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH. 10-15-30
9. AGE last birthday 24 yrs.
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mariner
10B. KIND OF BUSINESS OR INDUSTRY: U.S. Navy
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Nathan Lebovitz
14. MOTHER'S MAIDEN NAME: Agusta Aronson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) 11-13-53 to 1-2-55
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Nathan Lebovitz 813 Lake Drive, Baltimore, Maryland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Subarachnoid Hemorrhage, Massive — INTERVAL BETWEEN ONSET AND DEATH: approx 48 hrs.

ANTECEDENT CAUSE (B) DUE TO Ruptured Aneurysm of Vertebral and Posterior Cerebellar Arteries — approx. 48 hrs.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO

(Acute)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Subacute Bacterial Endocarditis (Aortic Valve) — Unknown

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-20- , 1954, to 1-2- , 1955, that I last saw the deceased alive on Jan 2 , 1955, and that death occurred at 6:45 PM, from the causes and on the date stated above.

SIGNATURE R.G.W. WILLIAMS, JR., LT, MC, USN — ADDRESS U.S. Naval Hospital, NNMC, Bethesda, Maryland — DATE SIGNED 1-3-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 1-4-54
NAME OF CEMETERY OR CREMATORY Antioch Congregation Arlington of the Chizuk
LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR 1-3-54
REGISTRAR'S SIGNATURE Mary E. Fennell

24. FUNERAL DIRECTOR ADDRESS Baltimore, Maryland
Jack Lewis Inc. 2100 Eutaw Place,

00709

torus 18-22

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 216

1. PLACE OF DEATH: 00729
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5804 Beech Ave

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Mont
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Bethesda
STREET ADDRESS (If rural, give location) 5804 Beech ave.

3. NAME OF DECEASED: (Type or Print) (First) Rena (Middle) S (Last) Levintow

4. DATE OF DEATH (Month) Jan (Day) 21 (Year) 1955

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: May 10, 1923
9. AGE last birthday: 31 yrs.
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Philadelphia, Pa.
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Nathan Slutz
14. MOTHER'S MAIDEN NAME: Bertha Boslik

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW II
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT & ADDRESS: Leon Levintow-Iter ?

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

970.2

Immediate cause (a) Barbiturate poisoning - Suicide — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) DUE TO

(c) Autopsy findings neg.

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY
21c. (City or town) (County) (State)
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☒, Homicide ☐, Undetermined cause ☐.

SIGNATURE Ingolf Bjerke, M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 1-21-55

23. BURIAL, CREMATION, REMOVAL, (Specify): Burial - Private
DATE THEREOF 1-22-55
NAME OF CEMETERY OR CREMATORY Har Zion
LOCATION (City, town, or county) (State) Del. Co. Pennsylvania

DATE REC'D BY LOCAL REG. 1/24/55
REGISTRAR'S SIGNATURE Rose M. Thompson
24. FUNERAL DIRECTOR Roberts A. Rumpf
ADDRESS Bethesda, Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00710

DC721

CERTIFICATE OF DEATH

Reg. Dist. No. ...

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1 MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bethesda Rural
LENGTH OF STAY (In this place) 1mo 1day
HOSPITAL OR INSTITUTION OR STREET ADDRESS 51 U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY ...
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Naval Air Station 10 x. - 2.
STREET ADDRESS (If rural give location) Patuxent River

3. NAME OF DECEASED: (Type or Print) (First) Veronica (Middle) Mary (Last) LINEMAN

4. DATE OF DEATH: (Month) January (Day) 11 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH: 3-7-17

9. AGE last birthday 37 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: Housewife

11. BIRTHPLACE (State or foreign country): New York

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: William F. BRADSHAW

14. MOTHER'S MAIDEN NAME: Josephine COYLE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) - -

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT & ADDRESS: Husband William F. LINEMAN same as above

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE 019.2 (A) Miliary Tuberculosis — INTERVAL BETWEEN ONSET AND DEATH: 3 mos.

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10 Dec, 1954, to 11 Jan., 1955, that I last saw the deceased alive on 11 Jan 1955; and that death occurred at 9:30 P.M., from the causes and on the date stated above.

SIGNATURE Gerard L. Pliman — ADDRESS — DATE SIGNED

G. I. PLIMAN LT MC USNR U. S. Naval Hospital, NNMC, Bethesda, Maryland

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 14 Jan 1955

NAME OF CEMETERY OR CREMATORY Arlington National Cemetery

LOCATION (City, town, or county) (State) Arlington, Virginia

DATE REC'D BY LOCAL REGISTRAR 12 Jan 1955

REGISTRAR'S SIGNATURE Mary E. Passelly

24. FUNERAL DIRECTOR R. A. [illegible] Funeral Home ADDRESS 7557 Wisconsin Avenue, Bethesda, Md.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00722

CERTIFICATE OF DEATH

Reg. Dist. No. 00711 2/6

Item 6, Film 176 1-31-55 et.

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bethesda 3 hrs 10 min
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 74 Suburban Hospital 8600 Old Georgetown Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda X
STREET ADDRESS (If rural, give location) 4507 - Cheltenham Drive

3. NAME OF DECEASED: (Type or Print) (First) Jean (Middle) Pulvina (Last) Liu (LIU)

4. DATE OF DEATH: (Month) Jan. (Day) 17 (Year) 1955

5. SEX: Female
6. COLOR OR RACE: Chinese
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married
8. DATE OF BIRTH: Oct. 11 1883
9. AGE last birthday: 71 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): China
12. CITIZEN OF WHAT COUNTRY? China

13. FATHER'S NAME: ? Wong
14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS: Mrs Liu 4507 Cheltenham Dr. Bethesda Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X
IMMEDIATE CAUSE (A) Cerebral Vascular Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 4 hrs.
ANTECEDENT CAUSE (B) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (C) DUE TO

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-17 , 1955, to 1-17 , 1955, that I last saw the deceased alive on 1-17 , 1955, and that death occurred at 11 40 M, from the causes and on the date stated above.
SIGNATURE D. J. Brennan M.D. ADDRESS Bethesda Md. DATE SIGNED 1-17-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: 1-20-55
NAME OF CEMETERY OR CREMATORY: Parklawn
LOCATION (City, town, or county) (State): Rockville, Maryland

DATE REC'D BY LOCAL REGISTRAR: 1/20/55
REGISTRAR'S SIGNATURE: Bessie M. Thompson
24. FUNERAL DIRECTOR: Robert H. Humphrey
ADDRESS: Bethesda, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00712

00723 CERTIFICATE OF DEATH Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Chevy Chase
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7200 Conn. Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase X
STREET ADDRESS (If rural give location) 7200 Conn. Ave.

3. NAME OF DECEASED: (Type or Print) (First) Stephano (Middle) (Last) Lozupone
4. DATE OF DEATH: (Month) Jan. (Day) 22 (Year) 1955

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	5/7/81	73 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Plaster, Contractor, Self Employed
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Italy
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Louis Lozupone
14. MOTHER'S MAIDEN NAME: Celeste Freda

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 212-24-4925
17. INFORMANT & ADDRESS: Mr. Constantine E. Lozupone -3615 Minn. Ave., Washington, D. C. S.E.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
Immediate cause (a) Congestive Heart Failure — Interval Between Onset And Death: 2 weeks
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Hypertensive Cardiovascular Disease
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/18, 1954, to 1/22, 1955, that I last saw the deceased alive on 1/22, 1955, and that death occurred at 10:30 AM, from the causes and on the date stated above.
SIGNATURE (Degree or title) ADDRESS DATE SIGNED
J. L. Marks M.D. 6306 Wisconsin Ave Chevy Chase Md 1/22/55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 1/26/55
NAME OF CEMETERY OR CREMATORY: Ft. Lincoln Cemetery
LOCATION (City, town, or county) (State): Prince George County, Md.

DATE REC'D BY LOCAL REGISTRAR 1/27/55
REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR Warner & Humphrey
ADDRESS 8434 Georgia Ave. Silver Spring, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 31 1955
BUREAU V. S.

00656 00713

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 26

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
LENGTH OF STAY (in this place) 3 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 502 Dunham Rd

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Montg
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Rockville 26
STREET ADDRESS (If rural, give location) 502 Dunham Rd 1

3. NAME OF DECEASED: (Type or Print) (First) Thelma (Middle) Taylor (Last) Waynedew

4. DATE OF DEATH (Month) Jan (Day) 26 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
F	White	Married	Dec 2-1918	36 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Cashier	Insurance Co	Iowa	U S A

13. FATHER'S NAME: Leo Taylor

14. MOTHER'S MAIDEN NAME: Ida Lance

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: James W. Waynedew (husband) Same Address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Acute Cardiac Failure	Four years
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Chronic duodenal tract disease	Twenty years
DUE TO		
	(c)	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Fred J. Bowerfind M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 1-26-55

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	1-29-55	Parklawn	Rockville Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Jan 27 '55	Laurell N. Ringrose A.R.	Emil L. Gantzer	Gaithersburg Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

00724

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. 00714

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 56

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:

COUNTY Montgomery — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring — LENGTH OF STAY (in this place) 8 mo

HOSPITAL OR INSTITUTION OR STREET ADDRESS 8707 Plymouth st

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Monty

CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Silver Spring

STREET ADDRESS (If rural, give location) 8707 Plymouth St.

3. NAME OF DECEASED: (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	MARY	EVANGELINE	Matteson		Jan	27	1955

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
F	White	Widow	9/27/80	74 yrs.				

10. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own home	Hancock, Michigan	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Johnson	unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
no	none	Mr. David L. Franklin, 8707 Plymouth St. Silver Spring, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Coronary occlusion — DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH: Final illness

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Fred J. Burchett M. D. — CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ — DATE SIGNED 1-27-55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Trins.	1/29/55		Cloquet, Minnesota

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1-31-55	Frances Potter	Warner E. Pumphrey	8434 Ga. Ave. Silver Spring, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

00725

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00715

CERTIFICATE OF DEATH

Reg. Dist. No. 21+

1. PLACE OF DEATH: COUNTY Montgomery Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 56
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 90 Cedar Grove Sanitarium Columbia Rd. Silver Spring

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D.C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington 4 IX-3
STREET ADDRESS (If rural, give location) 2737 Devonshire Pl. N.W

3. NAME OF DECEASED (Type or Print): (First) Lottie (Middle) V. (Last) MAYFIELD

4. DATE OF DEATH: (Month) Jun (Day) 23 (Year) 1955

5. SEX: F. | 6. COLOR OR RACE: W | 7. SINGLE, ~~MARRIED~~, ~~WIDOWED~~, ~~DIVORCED~~, (Specify) | 8. DATE OF BIRTH: April 16, 1866 | 9. AGE last birthday: 88 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country): D.C. | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY No. | 17. INFORMANT AND ADDRESS: Dorothy T. Mayfield (Niece) 2787 Devonshire Pl. N.W.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.7 Immediate cause (a) Myocarditis — Interval between onset and death: Over indefinite

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Old age general debility

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 18, 1954, to Jan 23, 1955, that I last saw the deceased alive on Jan 20, 1955, and that death occurred at 3.40 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Alvin J. Kistler M.D. Cedarcroft San. & Hosp. Silver Spring Md. 1-23-55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 1/26/55 | NAME OF CEMETERY OR CREMATORY Oak Hill Cem. | LOCATION (City, town, or county) (State) Washington D.C.

DATE REC'D BY LOCAL REG. 1-24-55 | REGISTRAR'S SIGNATURE Frances Potter | 24. FUNERAL DIRECTOR S.H. Hines Co ADDRESS 2901-14th St. N.W. Wash. D.C.

00726

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. District 00716

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 216

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Reamer Sanitarium

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Monty
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Silver Spring 56
STREET ADDRESS (If rural, give location) 613 Northampton Dr

3. NAME OF DECEASED: (Type or Print) (First) Ruth (Middle) Gilman (Last) Mc Clure

4. DATE OF DEATH (Month) (Day) (Year) Jan. 25 19 55

5. SEX: F

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: 12-31-[illegible]

9. AGE last birthday: 33 3+ yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Iowa

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Joe Frank Gilman

14. MOTHER'S MAIDEN NAME: Louise Thomas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: Sanitarium Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

237X
Immediate cause (a) Brain Carcinoma Primary — Interval Between Onset and Death: Indefinite

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) Brain Tumor — Interval Between Onset and Death: 3 yrs.

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Frank J. Broschart M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☒

DATE SIGNED 1-25-55

23. BURIAL, CREMATION, REMOVAL (Specify): Cremation

DATE THEREOF 1-26-55

NAME OF CEMETERY OR CREMATORY Cedar Hill

LOCATION (City, town, or county) (State) Suitland, Maryland

DATE REC'D BY LOCAL REG. 1/26/55

REGISTRAR'S SIGNATURE Elsie M. Thompson

24. FUNERAL DIRECTOR Robert H. Dunphey

ADDRESS Bethesda, Md.

RECEIVED
JAN 28 1955
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00717

00727

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
LENGTH OF STAY (In this place) 8 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 74 Suburban

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chevy Chase, Maryland
STREET ADDRESS (If rural give location) 7024 Wisconsin Ave.

3. NAME OF DECEASED: (Type or Print) (First) Joseph (Middle) William (Last) McDonald

4. DATE OF DEATH: (Month) Jan. (Day) 15 (Year) 1955

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: June 26

9. AGE Last birthday 75 yrs | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired - Restaurant Owner

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Ontavia Canada

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Alexander McDonald

14. MOTHER'S MAIDEN NAME: Mary Ann McMillan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. yes-

17. INFORMANT'S ADDRESS: Mrs. Agnes McDonald, Wife (above)

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

199.8

IMMEDIATE CAUSE (A) Metastatic Adenocarcinoma, Liver, Lungs, Gall Bladder, Lymph Nodes — INTERVAL BETWEEN ONSET AND DEATH: ?

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B) DUE TO Adenocarcinoma, Tail of Pancreas — ?

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/11, 1955, to 1/15, 1955 that I last saw the deceased alive on 1/15, 1955, and that death occurred at 4:00 P M, from the causes and on the date stated above.

SIGNATURE AND ADDRESS OF M. D. Herbert C. Bradshaw, 820 E Old Georgetown, Bethesda — DATE SIGNED 1/15/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 1-18-55 | NAME OF CEMETERY OR CREMATORY Parklawn | LOCATION (City, town, or county) (State) Rockville, Md.

DATE REC'D BY LOCAL REGISTRAR 1/17/55 | REGISTRAR'S SIGNATURE Bessie M. Thompson | 24. FUNERAL DIRECTOR Robert H. Dunphey | ADDRESS Bethesda, Md.

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

(I) MARGIN RESERVED FOR BINDING

00718

MARYLAND 00728

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY 15 MONTGOMERY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BETHESDA
MARYLAND
LENGTH OF STAY (in this place) 11 5
HOSPITAL OR INSTITUTION OR STREET ADDRESS 50 CLINICAL CENTER NATIONAL INSTITUTES OF HEALTH

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE ILLINOIS
COUNTY —
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CANTON, ILLINOIS
STREET ADDRESS (If rural, give location) 135 MIDDLE PARK DR

3. NAME OF DECEASED (Type or Print) (First) RICHARD (Middle) E (Last) MENDENHALL

4. DATE OF DEATH (Month) JAN (Day) 1 (Year) 1955

5. SEX Male

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH 15 Sept 28

9. AGE last birthday 26 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student

10b. KIND OF BUSINESS OR INDUSTRY —

11. BIRTHPLACE (State or foreign country) ILLINOIS

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Archibald Mendenhall

14. MOTHER'S MAIDEN NAME Edna McCann

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If year, give war or dates of service)

16. SOCIAL SECURITY No. 351-18-4026

17. INFORMANT AND ADDRESS Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) ~~Hypoplastic leukemia~~ Pulmonary edema	12 hrs.
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Staphylococcal meningitis	13 days
	(c) acute myelocytic leukemia	15 months

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION —

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 14, 1954, to Jan 1, 1955, that I last saw the deceased alive on Jan 1, 1954, and that death occurred at 4:23 pm from the causes and on the date stated above.

SIGNATURE Kenneth R Magee (Degree or title) MD ADDRESS NIH DATE SIGNED Jan 2, 1955

23. BURIAL, CREMATION REMOVAL (Specify) Burial-Transit | DATE 1-2-55 | NAME OF CEMETERY OR CREMATORY Canton | LOCATION (City, town, or county) Canton (State) Illinois

DATE REC'D BY LOCAL REG. 1/3/55 | REGISTRAR'S SIGNATURE Bessie M. Thompson | 24. FUNERAL DIRECTOR Robert A. Humphrey | ADDRESS Bethesda, Md.

RECEIVED
JAN 5 1955
BUREAU V. S.

Item 2: Film G177 2/11/55 dmr.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00719

62256

CERTIFICATE OF DEATH

Reg. Dist. No. ....

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY MONTGOMERY MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) SILVER SPRING
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD N.J. COUNTY MONTGOMERY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN SILVER SPRING
STREET ADDRESS (If rural, give location) 9603 BRUNETTE AVE

3. NAME OF DECEASED: (Type or Print) (First) REBECCA (Middle) (Last) MESSER

4. DATE OF DEATH: (Month) JAN (Day) 16 (Year) 1955

5. SEX: F

6. COLOR OR RACE: W

7. ~~SINGLE~~, MARRIED, WIDOWED, ~~DIVORCED~~, (Specify):

8. DATE OF BIRTH: April 10-1895

9. AGE last birthday 59 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife.

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Mass.

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Sweyke Jesse

14. MOTHER'S MAIDEN NAME: Sarah Moskowitz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Joseph Hilsenrath

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Pulmonary Edema — INTERVAL BETWEEN ONSET AND DEATH: 5 Hrs

ANTECEDENT CAUSE (S)

DISEASES OR COND TIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Hypertensive Cardio-vascular renal disease — 1 yr.

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 1, 1954, to Jan 16, 1955, that I last saw the deceased alive on Jan 16, 1955, and that death occurred at 7:15 P.M., from the causes and on the date stated above.

SIGNATURE Simon C. Weiner M. D. ADDRESS 100 Longfellow St NW DATE SIGNED Jan 16, 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 1-18-1955

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town or county) (State) Silver Spring, Maryland

DATE REC'D BY LOCAL REGISTRAR 1-17-55

REGISTRAR'S SIGNATURE Frances Potter

24. FUNERAL DIRECTOR B. Ramansky & Son

ADDRESS 3501-14th St NW

VS. A15 — 10 - 53

MARYLAND STATE DEPARTMENT OF HEALTH

00730

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

00720

Reg. Dist. No. 2

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kensington — LENGTH OF STAY (in this place) 11-27-54
HOSPITAL OR INSTITUTION OR STREET ADDRESS 90 Kensington Gardens Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Washington — COUNTY D. C.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location) 23 N.Y. Ave N.E.

3. NAME OF DECEASED (Type or Print): (First) Martin (Middle) Luther (Last) McNael
4. DATE OF DEATH: (Month) 1 (Day) 13 (Year) 1955
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Oct 30 1874
9. AGE last birthday: 80 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY: Farmer
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U S
13. FATHER'S NAME: John L. Michael
14. MOTHER'S MAIDEN NAME: Ann Mary Elizabeth Ruddy
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: no
17. INFORMANT AND ADDRESS: Noah Ketterer, Middletown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

331 X Immediate cause (a) Uremia 2) Cerebral Hemorrhage — 2 mos.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Stroke — 3) Fatal Paralysis — 3 yrs.

(c) Arterio Sclerosis - generalized — Yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/29, 1954, to 1/13, 1955, that I last saw the deceased alive on 1/13/55, 1955, and that death occurred at 8:00 P. m., from the causes and on the date stated above.
SIGNATURE: [signature] (Degree or title) M.D. ADDRESS Kensington Md. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 1-16-55
NAME OF CEMETERY OR CREMATORY: Reform
LOCATION (City, town, or county) (State): Middletown, Md.
DATE REC'D BY LOCAL REG.: 1-17-55
REGISTRAR'S SIGNATURE: [signature]
24. FUNERAL DIRECTOR: Bladhill Co. ADDRESS Middletown, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00721

00731 CERTIFICATE OF DEATH

Reg. Dist. No. [illegible]

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Bethesda Rural
LENGTH OF STAY (in this place) 5mo 20 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE District of Columbia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington, D.C. 47 x 3
STREET ADDRESS (If rural give location) 836 Madison Street, N.W.

3. NAME OF DECEASED: (Type or Print) (First) George (Middle) Brent (Last) MICKUM

4. DATE OF DEATH: (Month) January (Day) 18 (Year) 19 55

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED DIVORCED, (Specify): Married
8. DATE OF BIRTH. 2-22-99
9. AGE last birthday 55 yrs
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cab Driver
10B. KIND OF BUSINESS OR INDUSTRY: Transportation
11. BIRTHPLACE (State or foreign country): Washington, D.C.
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME. George B. MICKUM
14. MOTHER'S MAIDEN NAME: Annie KEINER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT & ADDRESS. Wife Mrs. Anna L. MICKUM same as above

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

5944
IMMEDIATE CAUSE (A) Electrolyte imbalance - Alkalosis — INTERVAL BETWEEN ONSET AND DEATH: 2 days.

ANTECEDENT CAUSE (B) DUE TO Duodeno-peritoneal-cutaneous Fistula — 4 days.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO Impacted Stone cystic duct, eroding duodenum Cholelithiasis — Unknown / Unknown

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION. 1-11-55
19B. MAJOR FINDINGS OF OPERATION Cholelithiasis - Impacted stone cystic duct, eroding duodenum
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work [ ] Not while at work [ ]
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 28 July, 19 54, to 18 Jan, 19 55, that I last saw the deceased alive on 18 Jan, 19 55, and that death occurred at 8:00P M, from the causes and on the date stated above.
SIGNATURE J. Williams ADDRESS CDR MC USN U. S. Naval Hospital, D.NNMC, Bethesda, Maryland DATE SIGNED J. WILLIAMS

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 20 Jan 1955
NAME OF CEMETERY OR CREMATORY Fort Lincoln Cemetery
LOCATION (City, town, or county) (State) Washington, D.C.

DATE REC'D BY LOCAL REGISTRAR 20 JAN 1955
REGISTRAR'S SIGNATURE Mary E. Farrelly
24. FUNERAL DIRECTOR [illegible] Home ADDRESS 1400 Chapin St., N.W. Washington, D.C.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00722

00732

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
X CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
LENGTH OF STAY (in this place) 13days 18hrs.
74 HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
STREET ADDRESS (If rural give location) 207 North Washington St.

3. NAME OF DECEASED: (Type or Print) (First) Royal (Middle) Alexander (Last) Milton

4. DATE OF DEATH: (Month) 1 (Day) 8 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: Sept 6 1895

9. AGE last birthday 59 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10B. KIND OF BUSINESS OR INDUSTRY: Various

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: John Christian Milton

14. MOTHER'S MAIDEN NAME: Fannie Birkett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Mrs. Jenella G. Scott 18 Ridge Ave Asbury Park

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Myocardial Infarction, left vent. — INTERVAL BETWEEN ONSET AND DEATH: 5 Days

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Thrombosis, left descending coronary — 5 Days

DUE TO (C) Atherosclerosis, coronary — 2 years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Generalized Arteriosclerosis, Infarct left tibia

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/1, 1955, to 1/8, 1955, that I last saw the deceased alive on 1/8, 1955, and that death occurred at 7:45 a. M, from the causes and on the date stated above.

SIGNATURE Daniel S. Norton M. D. ADDRESS Bethesda Md. DATE SIGNED 1/10/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF Jan 11, 1955 — NAME OF CEMETERY OR CREMATORY Linden Park — LOCATION (City, town, or county) (State) Robert L. Snowden

DATE REC'D BY LOCAL REGISTRAR 1/11/55 — REGISTRAR'S SIGNATURE Bessie M. Thompson — 24. FUNERAL DIRECTOR Robert L. Snowden — ADDRESS Rockville

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 13 1955
BUREAU

00724

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00657 **CERTIFICATE OF DEATH** Reg. Dist. No.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-58

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rockville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Youngerrans Rest Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rockville
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) MARY (Middle) L. (Last) MOBLEY
4. DATE OF DEATH: (Month) Jan. (Day) 16, (Year) 1955
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED WIDOWED, DIVORCED. (Specify) Widowed
8. DATE OF BIRTH: 4-12-1804
9. AGE last birthday 70 yrs. IF UNDER 1 YEAR Months 9 Days 4 IF UNDER 24 HRS. Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME: James O. Grimes
14. MOTHER'S MAIDEN NAME: Elizabeth Henley
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. yes
17. INFORMANT & ADDRESS: 3602 Edison Street Thomas A. Mobley Alexandria, Va.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSE (B) DUE TO: Cerebral atherosclerosis with Mild Encephalomalacia — 6 mo.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO: Atherosclerotic Cardiovascular Disease in Patient — 1 year.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 12, 1955 to Jan 16, 1955, that I last saw the deceased alive on Jan. 16, 1955, and that death occurred at 7:15 AM, from the causes and on the date stated above.

SIGNATURE William Frank, M.D. ADDRESS M. D. 1014 Viers Mill Rd. Rockville DATE SIGNED 1/16/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 1-18-55 — NAME OF CEMETERY OR CREMATORY Darnestown Church Cem. — LOCATION (City, town, or county) Darnestown, Md. (State)

DATE REC'D BY LOCAL REGISTRAR 1/17/55 — REGISTRAR'S SIGNATURE Lowell H. Kruhop — 24. FUNERAL DIRECTOR Robert T. Humphrey — ADDRESS Bethesda, Md.

BUREAU V. F

00733

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00723 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Bethesda
LENGTH OF STAY (in this place) 21 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5301 Bradley Blvd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN, Bethesda X 1
STREET ADDRESS (If rural, give location) 5301 Bradley Blvd.

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
MARTHA	B.	Morders	Jan. 21, 1955

5. SEX:	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Female	White	Married	June 27, 1909	45 yrs.	0 / 24	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY:
Housewife	Own Home	Washington, D. C.	USA

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
William F. Burrows	Mary Curran

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No	Unknown-yes	Howard F. Morders-Same Item #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Maximum Crown of Head, Temp. and ... DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) ... DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH: Found dead in home

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☒ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town)	(County)	(State)
	Home	Bethesda	Montg	Md

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED While at work ☐ Not while at work ☒	21f. HOW DID INJURY OCCUR?
1-21-55 - 7P M.		Home Home Fire

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Fred J. Bowerfind M. D. — CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. — DATE SIGNED 1-21-55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	1/24/55	Mt. Olivet	Washington	D. C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1/24/55	Bessie M. Thompson	Robert A. Pumphrey	Bethesda, Md.

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00725

00734

CERTIFICATE OF DEATH

Reg. Dist. No. 216

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10-53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bethesda
LENGTH OF STAY (in this place) 51 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 50 The Clinical Center Natl. Institutes of Health

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Virginia COUNTY Dickenson
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Birchleaf
STREET ADDRESS (If rural give location) 83 X - 3
--

3. NAME OF DECEASED: (Type or Print) (First) Rhonda (Middle) (none stated) (Last) Mullins

4. DATE OF DEATH: (Month) January (Day) 19 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: November 21, 1950

9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS
yrs. 4 Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Child

10B. KIND OF BUSINESS OR INDUSTRY: ---

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Warren Mullins

14. MOTHER'S MAIDEN NAME: Opal Viers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: The medical record, The Clinical Center

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE 2 or 4 hrs (A) Acute leukemia with intracerebral hemorrhage

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Hypertension, ? due to coarctation of the aorta

19A. DATE OF OPERATION. None

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) ---

21C. WHERE DID INJURY OCCUR? (City or town) --- (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) --- M.

21E. INJURY OCCURRED While at work [ ] Not while at work [ ]

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 29, 1954, to Jan. 19, 1955, that I last saw the deceased alive on Jan. 19, 1955, and that death occurred at 9:00 PM, from the causes and on the date stated above.

SIGNATURE Alexander Z Brucker M. D. ADDRESS The Clinical Center, NIH DATE SIGNED Jan. 20, 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial-Transit

DATE THEREOF 1-20-55

NAME OF CEMETERY OR CREMATORY Birchleaf

LOCATION (City, town, or county) (State) Birchleaf, Virginia

DATE REC'D BY LOCAL REGISTRAR 1/21/55

REGISTRAR'S SIGNATURE Bessie M Thompkins

24. FUNERAL DIRECTOR Robert L Gamble

ADDRESS Bethesda, Md.

00735

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00726

CERTIFICATE OF DEATH

Reg. Dist. No. 2-7

M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

I

1. PLACE OF DEATH: COUNTY Montgomery — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring — LENGTH OF STAY (In this place) 8 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring Md
STREET ADDRESS (If rural, give location) 845 Northampton

3. NAME OF DECEASED (Type or Print): (First) HUGH (Middle) J. (Last) MURRAY Sr.
4. DATE OF DEATH: (Month) JAN (Day) 10 (Year) 1955
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Mar 3, 1888
9. AGE last birthday: 66 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Steam-fitter
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Patrick J. Murray
14. MOTHER'S MAIDEN NAME: Mary Jane Kennedy
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No.
16. SOCIAL SECURITY NO.: 094-07-4272
17. INFORMANT: Mary Jane Murray (wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage (Massive) due to Acute Coronary Occlusion — Interval between onset and death: 1 hr.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Essential Hypertension — 1952

(c) Arteriosclerosis — 1953

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 11, 1953, to Jan 10, 1955, that I last saw the deceased alive on January 10 1955, and that death occurred at 8.35 P m. from the causes and on the date stated above.
SIGNATURE (Degree or title) Thomas F. Suzne M.D. — ADDRESS 5301 Southampton Drive Silver Spring Md — DATE SIGNED Jan 10/55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Jan. 13, 1955 — NAME OF CEMETERY OR CREMATORY: Mt. Olivet Cemetery — LOCATION (City, town, or county) (State): Wash. D.C.
DATE REC'D BY LOCAL REG.: Jan 11 55 — REGISTRAR'S SIGNATURE: Frances Potter
24. FUNERAL DIRECTOR: W.U. Waltonell — ADDRESS: 3619-14th St. N.W. Wash. D.C.

VS. A15

RECEIVED
JAN 13 1955
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00727

00736

CERTIFICATE OF DEATH

Reg. Dist. No. 215

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bethesda Rural
LENGTH OF STAY (in this place) 9 days
51 HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE District of Columbia
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington, D.C. 47X 3
STREET ADDRESS (If rural give location) 334 16th Street, N.E.

3. NAME OF DECEASED: (Type or Print) (First) Baby (Middle) Boy (Last) NICHOLAS "A"

4. DATE OF DEATH: (Month) January (Day) 19 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: Negroid

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 1-10-55

9. AGE last birthday yrs. IF UNDER 1 YEAR Months Days 9 IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired). None

10B. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Bethesda, Maryland

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Ethel I. TAYLOR

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) — —

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS. Mother Mrs. Ethel I. TAYLOR Same as above

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

776X IMMEDIATE CAUSE (A) Prematurity DUE TO

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH: 9 days

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10 Jan, 19 55 to 19 Jan, 19 55 that I last saw the deceased alive on 19 Jan, 1955, and that death occurred at 4:50 PM, from the causes and on the date stated above.

SIGNATURE D. J. PASCOE LT MC USN ADDRESS U. S. Naval Hospital, NNMC, Bethesda, Maryland DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation

DATE THEREOF 22 Jan 1955

NAME OF CEMETERY OR CREMATORY Washington Crematory

LOCATION (City, town, or county) (State) Washington, D.C.

DATE REC'D BY LOCAL REGISTRAR 21 Jan 1955

REGISTRAR'S SIGNATURE Mary E. Farrelly

FUNERAL DIRECTOR CARVER Funeral Home ADDRESS 29 H Street, N.W. Washington, D.C.

2115272301

00728

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00737 **CERTIFICATE OF DEATH** Reg. Dist. No. 15

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda Rural
LENGTH OF STAY (in this place)
51 HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE District of Columbia COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington, D.C.
STREET ADDRESS (If rural give location) 334 16th Street, N.E.

3. NAME OF DECEASED. (Type or Print) (First) Baby (Middle) Boy (Last) NICHOLAS

4. DATE OF DEATH: (Month) January (Day) 10 (Year) 1955

5. SEX: Male
6. COLOR OR RACE: Negoid
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single
8. DATE OF BIRTH: 1-10-55
9. AGE last birthday yrs. IF UNDER 1 YEAR, Months Days; IF UNDER 24 HRS. Hours 11 Min. 1

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10B. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Bethesda, Maryland
12. CITIZEN OF WHAT COUNTRY? U

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Ethel I. NICHOLAS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) - -
16. SOCIAL SECURITY NO. - -
17. INFORMANT & ADDRESS: Mother Mrs. Ethel I. NICHOLAS same as above

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

76.5
IMMEDIATE CAUSE (A) DUE TO Brain Damage
ANTECEDENT CAUSE (B)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO Prematurity
(C)

INTERVAL BETWEEN ONSET AND DEATH: Same as Birth

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒x

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10 Jan, 1955 to 10 Jan, 1955 that I last saw the deceased alive on 10 Jan 1955, and that death occurred at 11:25A M, from the causes and on the date stated above.

SIGNATURE M S Allen — ADDRESS — DATE SIGNED

M. S. ALLEN LT (MC) USN U. S. Naval Hospital, BUMED, Bethesda, Maryland

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Cremation
DATE THEREOF: 12 Jan 55
NAME OF CEMETERY OR CREMATORY: Washington, D.C. Crematory
LOCATION (City, town, or county) (State): Washington, D.C.

DATE REC'D BY LOCAL REGISTRAR: 25 Jan 1955
REGISTRAR'S SIGNATURE: Mary E. Farrelly
24. FUNERAL DIRECTOR: Carver Funeral Home
ADDRESS: 2. E Street N.W. Washington, D.C. 21152743

00729

00738

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 2-7

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: MONTGOMERY — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 9102 Fairview Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring
STREET ADDRESS (If rural, give location): 9102 Fairview Rd.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Howard	(N)	Noack	January	3	1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	Sept. 4-1874	80 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired.	Machine & Manufacturing	Washington D.C.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
August Noack	Rachell Hueller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) If yes, give war or dates of service	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	None	Irene M. Noack - 9102 Fairview Rd SS, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Coronary Thrombosis	5 min.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Angina Pectoris	5½ mo.
(c) Cardio-Vascular Renal Disease	6 yrs
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Feb 23, 1949, to Jan 3, 1955, that I last saw the deceased alive on Dec 29, 1954, and that death occurred at 9:15 A m., from the causes and on the date stated above.

SIGNATURE: Glen Tuncoik M.D. (Degree or title) ADDRESS: 4000 - 16 St. N.W. Wash. D.C. DATE SIGNED: 1/3/55

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	1/5/55	Ft. Lincoln Cem.	Prince Geo Co. Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1-3 55	Frances Potter	The D.H. Heise Co	2901-14th St NW. Wash. D.C.

RECEIVED
JAN 5 1965
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00730

00649 **CERTIFICATE OF DEATH** Reg. Dist. No. 223-

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park
LENGTH OF STAY (in this place) 30 min.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium and Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural give location) 10504 S. Dunmoor Dr.

3. NAME OF DECEASED: (Type or Print) (First) Harold (Middle) Lester (Last) Oberheim

4. DATE OF DEATH: (Month) Jan (Day) 2 (Year) 1955

5. SEX: M | 6. COLOR OR RACE: Cauc | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married | 8. DATE OF BIRTH: Nov. 17, 1893 | 9. AGE last birthday 61 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman | 10B. KIND OF BUSINESS OR INDUSTRY: Insurance | 11. BIRTHPLACE (State or foreign country): Pennsylvania | 12. CITIZEN OF WHAT COUNTRY? Amer.

13. FATHER'S NAME: Charles Oberheim | 14. MOTHER'S MAIDEN NAME: Jeannette Brown Lee

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes | (If Yes, give war or dates of service) Navy W.W.I | 16. SOCIAL SECURITY NO. ? | 17. INFORMANT & ADDRESS: Harold L. Oberheim Jr (Son)

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0

IMMEDIATE CAUSE (A) — Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSE (S) DUE TO (B) — Hypertensive and

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) arteriosclerotic Heart Disease — 2 years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 25, 1954 to Jan 2, 1955, that I last saw the deceased alive on Jan 2, 1955, and that death occurred 1930 P M, from the causes and on the date stated above.

SIGNATURE M.D. A. P. Orleans | ADDRESS 9500 Colesville Rd | DATE SIGNED 1/2/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF Jan 5 1955 | NAME OF CEMETERY OR CREMATORY Arlington National Cemetery | LOCATION (City, town, or county) Arlington | (State) Va

DATE REC'D BY LOCAL REGISTRAR Jan. 2 - 1955 | REGISTRAR'S SIGNATURE J. Nelson Dodd. | 24. FUNERAL DIRECTOR S. H. Hines Co | ADDRESS 2901-14th St. N.W. Wash. D.C.

RECEIVED
JAN 4 1955
BUREAU

00739

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00731 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 214

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 8806 Glenville Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 8806 Glenville Road

3. NAME OF DECEASED: (Type or Print) (First) Harry (Middle) Edward (Last) Odom

4. DATE OF DEATH (Month) Jan (Day) 14 (Year) 19 55

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: July 4, 1914

9. AGE last birthday: 40 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Guard Force, U.S. Treas.

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Cranberry, North Carolina

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Wesley Odom

14. MOTHER'S MAIDEN NAME: Nola Gouge

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) yes (If Yes, give war or dates of service) WW II

16. SOCIAL SECURITY NO.: 233-44-9815

17. INFORMANT & ADDRESS: Mrs. Emma M. Odom, 8806 Glenville Rd. Silver Spring, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

9771 Immediate cause (a) Thoracic hemorrhage DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) stab wound in left chest (heart) DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH: Found dead on kitchen floor

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY Home

21c. (City or town) Silver Spring (County) Mont (State) Md

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY 1-19-55 5A M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☒

21f. HOW DID INJURY OCCUR? self-inflicted stab wound

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☒, Homicide ☐, Undetermined cause ☐.

SIGNATURE Irvin L. Provencher M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 1-19-55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 1/21/55

NAME OF CEMETERY OR CREMATORY Arlington National Cemetery

LOCATION (City, town, or county) (State) Arlington, Virginia

DATE REC'D BY LOCAL REG. 1-21-55

REGISTRAR'S SIGNATURE Frances Potter

24. FUNERAL DIRECTOR Warner E. Pumphrey

ADDRESS 8434 Ga. Ave. Silver Spring, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00732

00740

CERTIFICATE OF DEATH

Reg. Dist. No. 223

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
   COUNTY: Montgomery
   CITY (If outside corporate limits, write RURAL) OR TOWN: 17 Takoma Park
   LENGTH OF STAY (in this place): 3 days
   HOSPITAL OR INSTITUTION OR STREET ADDRESS: 75 Washington Sanitarium & Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
   STATE: D.C. COUNTY:
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington, D.C. 47X-3
   STREET ADDRESS (If rural give location): 5416 7th St., N.W.

3. NAME OF DECEASED: (First) Martha (Middle) Rebecca (Last) Orrison

4. DATE OF DEATH: (Month) 1-24- (Day) (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: 6-11-86

9. AGE last birthday: 68 yrs. IF UNDER 1 YEAR: Months 7 Days 13 IF UNDER 24 HRS: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Hswf.

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): D.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Samuel Knott

14. MOTHER'S MAIDEN NAME: Harriett Ann Dixon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Daughter: Mrs. M. Mower 4820 41st St. N.W.

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
420.1 IMMEDIATE CAUSE	(A) Coronary infarction	5 days
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST	DUE TO (B) Coronary Sclerosis	2 yrs
	DUE TO (C) Essential hypertension	8 yrs.
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-20, 1955, to 1-24, 1955, that I last saw the deceased alive on 1-24, 1955 and that death occurred at 3:30 P.M., from the causes and on the date stated above.

SIGNATURE: Samuel M Pugeant M.D. ADDRESS: 5600 N.H. Ave. N.W. Wash. D.C. DATE SIGNED: 1-24-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

DATE THEREOF: Jan. 27 1955

NAME OF CEMETERY OR CREMATORY: Rock Creek Cem.

LOCATION (City, town, or county) (State): Washington DC

DATE REC'D BY LOCAL REGISTRAR: Jan. 24 1955

REGISTRAR'S SIGNATURE: [illegible]

24. FUNERAL DIRECTOR: Leo A. Hines Co

ADDRESS: 2901-14th St. N.W. Wash. D.C.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00733

00741 · CERTIFICATE OF DEATH Reg. Dist. No. 214

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
X CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rockville
LENGTH OF STAY (in this place)
9) HOSPITAL OR INSTITUTION OR STREET ADDRESS St. Philomena's Rest Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE New York COUNTY
CITY (If outside corporate limits, write RURAL, and give nearest town) OR TOWN New York City
STREET ADDRESS (If rural give location) 435 - West 119th St.

3. NAME OF DECEASED: (Type or Print) (First) Mabel (Middle) L. (Last) Overton
4. DATE OF DEATH: (Month) Jan. (Day) 16 (Year) 1955
5. SEX: F
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): single
8. DATE OF BIRTH: May 15 - 1872
9. AGE last birthday 82 yrs.
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Schoolteacher
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Whitestone L.I. N.Y.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Winfield Scott Overton
14. MOTHER'S MAIDEN NAME: Fordham
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)
(If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Evelyn Hutchison - 13912 Mills Ave. Silver Spring, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

446X
IMMEDIATE CAUSE (A) Uremia — INTERVAL BETWEEN ONSET AND DEATH: 3 days
ANTECEDENT CAUSE (B) DUE TO Nephritis - Arteriosclerosis — 1 Years
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 1, 1953 to Jan 15, 1955, that I last saw the deceased alive on Jan. 15, 1955, and that death occurred at 1 A.M., from the causes and on the date stated above.
SIGNATURE M.D. ADDRESS Sandy Spring Md. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation
DATE THEREOF 1-17-55
NAME OF CEMETERY OR CREMATORY J. W. Lee Lot
LOCATION (City, town, or county) (State) Washington D. C.

DATE REC'D BY LOCAL REGISTRAR 1-17-55
REGISTRAR'S SIGNATURE Frances Potter
24. FUNERAL DIRECTOR J. W. Lee Bon Co.
ADDRESS 390-4 1/2 N.E Wash. D.C.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00734

00742

CERTIFICATE OF DEATH

Reg. Dist. No. 24

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:

COUNTY Montgomery — MARYLAND

CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Silver Spring — LENGTH OF STAY (in this place) 9 mos.

HOSPITAL OR INSTITUTION OR STREET ADDRESS 9217 Whitney St.,

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Pennsylvania COUNTY Montgomery

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheltenham

STREET ADDRESS (If rural, give location) 112 Boncour St.,

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
Charles	Leon	Pease	Jan.	26	1955

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Widowed	Nov. 3, 1874	80 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Painter	Own business Interior Decorater	Edgartown, Mass.	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Matthias Pease	Anna Allen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No	No	Arthur L. Pease Sr. 9217 Whitney St, S.S. M.d.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
156.1 Immediate cause	(a) Myocardial Failure	Immediate
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Carcinoma of Liver (Clinical Dx)	7 mos.
	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 23 1954, to Jan. 26 1955, that I last saw the deceased alive on Jan. 24, 1955, and that death occurred at 3:30 P.M. from the causes and on the date stated above.

SIGNATURE Russell B. Arnold (DEGREE OR TITLE) M.D. ADDRESS 8801 Colesville Rd, Silver Spring, Md. DATE SIGNED Jan. 26/55

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Trans. & Burial	1/27/55	Washington Mem. Cemetery	White Marsh, Pa.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1-27-55	Frances Potter	Warner E. Pumphrey	8434 Ga. Ave. Silver Spring, Md.

RECEIVED
JAN 31 1955
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00735

00743

CERTIFICATE OF DEATH

Reg. Dist. No. 24

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 10,110 McKenny Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 810 Thayer Ave.

3. NAME OF DECEASED: (First) Ida (Middle) May (Last) Peter

4. DATE OF DEATH: (Month) Jan. (Day) 1 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Nov. 16, 1868

9. AGE last birthday: 86 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife –

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Washington, D. C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Washington Stone

14. MOTHER'S MAIDEN NAME: Sarah Arrington

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Lt. Charles E. Peter, 9806 Bristol Ave. Silver Spring, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Thrombosis	48 hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) cerebral Arteriosclerosis	10 yrs.
	DUE TO (c) Generalized Arteriosclerosis	undetermined

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Paralysis Agitans — 10 yrs.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 14, 1954, to Jan. 1, 1955, that I last saw the deceased alive on Dec. 30, 1954, and that death occurred at 5:00 a.m., from the causes and on the date stated above.

SIGNATURE Edmund L. Burnett (DEGREE OR TITLE) M.D. ADDRESS 7701 Carroll Ave. Takoma Pk Md DATE SIGNED 1/1/55

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF 1/4/55

NAME OF CEMETERY OR CREMATORY Rock Creek Cemetery

LOCATION (City, town, or county) (State) Washington, D. C.

DATE REC'D BY LOCAL REG. 1-4-55

REGISTRAR'S SIGNATURE Frances Potter

24. FUNERAL DIRECTOR Warner E. Pumphrey ADDRESS 8434 Georgia Ave. Silver Spring, Md.

JAN 6 1955
BUREAU V. S.

MARYLAND 00744

00736
STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 21-4

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kensington
HOSPITAL OR INSTITUTION OR STREET ADDRESS

MARYLAND
LENGTH OF STAY (In this place)

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kensington
STREET ADDRESS (If rural, give location) 3903 Warner st.

3. NAME OF DECEASED (Type or Print): (First) Ann (Middle) Elizabeth (Last) Peterson

4. DATE OF DEATH: (Month) Jan (Day) 29 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: June 21-1872

9. AGE Last Birthday: 82 yrs. If under 1 year: Months / Days / If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY: housewife

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Charles H. Butler

14. MOTHER'S MAIDEN NAME: Sarah J. Fletcher

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Edgar M Peterson 3903 Warner st

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Decompensated Heart Failure

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic Heart Failure, Arteriosclerotic

(c) Chronic Debilitation

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 27., 1955, to Jan 29, 1955, that I last saw the deceased alive on Jan 29., 1955, and that death occurred at 11:25 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Roland T. Thibadeau M.D. Kensington, Md. Jan 29, 1955

23. BURIAL, CREMATION, REMOVAL (Specify) DATE 2/1/55 NAME OF CEMETERY OR CREMATORY Ft. Lincoln LOCATION (City, town, or county) (State) Prince George Co Md

DATE REC'D BY LOCAL REG. 1-31-55 REGISTRAR'S SIGNATURE Frances Potter

24. FUNERAL DIRECTOR A. H. Hines Co ADDRESS 2901-14th N.W.

RECEIVED
DEC 2 1925
BUREAU V. S.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00745 00737

CERTIFICATE OF DEATH

Reg. Dist. No. 215

Items 14,14,Filed 17C 1-21-5. et

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda Rural
LENGTH OF STAY (in this place) 6 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring
STREET ADDRESS (If rural give location) 10 Glenville Road

3. NAME OF DECEASED: (Type or Print) (First) Hjalmar (Middle) Walter (Last) PETERSON

4. DATE OF DEATH: (Month) January (Day) 6 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 2-23-97

9. AGE last birthday: 57 yrs
IF UNDER 1 YEAR: Months | Days | IF UNDER 24 HRS.: Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mariner Retired

10B. KIND OF BUSINESS OR INDUSTRY: Mariner

11. BIRTHPLACE (State or foreign country): Minnesota

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Deceased ? Peterson

14. MOTHER'S MAIDEN NAME: Deceased Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I WW II

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT & ADDRESS: Wife Mrs. Ada PETERSON same as above

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Broncho pneumonia, bilateral — INTERVAL BETWEEN ONSET AND DEATH: 10 days

ANTECEDENT CAUSE (B) DUE TO Pulmonary fibrosis and emphysema chronic — 10 years

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION.

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 31 Dec, 1954 to 6 Jan, 1955, that I last saw the deceased alive on 6 Jan, 1955, and that death occurred at 2:45P M, from the causes and on the date stated above.

SIGNATURE R. O. PECKINPAUGH, CAPT MC USN — ADDRESS U. S. Naval Hospital M.D NNMC, Bethesda, Maryland — DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial — DATE THEREOF: 10 Jan 55 — NAME OF CEMETERY OR CREMATORY: National Memorial Cemetery — LOCATION (City, town, or county) (State): Falls Church, Virginia

DATE REC'D BY LOCAL REGISTRAR: JAN 21 — REGISTRAR'S SIGNATURE: Mary E. Passilly

24. FUNERAL DIRECTOR: S. H. HINES Funeral Home — ADDRESS: 2901 14th Street NW, Washington, D.C.

14 1955

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VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00738

20746 **CERTIFICATE OF DEATH** Reg. Dist. No. 316

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Kensington; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 14 Suburban

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring; STREET ADDRESS (If rural give location) Route 1

3. NAME OF DECEASED: (Type or Print) (First) Larry (Middle) William (Last) Price

4. DATE OF DEATH: (Month) Nov. (Day) 6 (Year) 19 55

5. SEX: M | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): | 8. DATE OF BIRTH: JAN. 6 1954 | 9. AGE last birthday: 1 yrs | IF UNDER 1 YEAR: Months / Days | IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none | 10B. KIND OF BUSINESS OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): Md. | 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Elvo Price | 14. MOTHER'S MAIDEN NAME: Egenot Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) | (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT & ADDRESS: Ruth Price Rte 1 Silver Spring Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 1 Day

ANTECEDENT CAUSE (S): DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST

DUE TO (B) Pneumococcal Bacteria in — 1 Day

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. none

19A. DATE OF OPERATION: none | 19B. MAJOR FINDINGS OF OPERATION: — | 20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 6, 19 55, to Jan. 6, 19 55, that I last saw the deceased alive on Jan. 6, 19 55, and that death occurred at 1:10 P.M., from the causes and on the date stated above.

SIGNATURE Wm. A. Trotter M. D. ADDRESS Rockville Md. DATE SIGNED Jan. 7, 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial | DATE THEREOF: Jan. 8, 1955 | NAME OF CEMETERY OR CREMATORY: FOREST OAK CEMETERY | LOCATION (City, town, or county) (State): GAITHERSBURG MARYLAND

DATE REC'D BY LOCAL REGISTRAR: 1/10/55 | REGISTRAR'S SIGNATURE: Bernie M. Thompson | 24. FUNERAL DIRECTOR: E. C. Gartner ADDRESS: GAITHERSBURG MARYL

RECEIVED
JAN 13 1
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

00658

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

00739

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK. Especially important. Physician please write the cause

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery | MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville | LENGTH OF STAY (in this place) 26
HOSPITAL OR INSTITUTION OR STREET ADDRESS 126 S. Adams Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland | COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
STREET ADDRESS (If rural, give location) 126 S. Adams Street

3. NAME OF DECEASED (Type or Print): (First) ELIZABETH (Middle) S. B. (Last) RICE

4. DATE OF DEATH: (Month) Jan. (Day) 28, (Year) 1955

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed | 8. DATE OF BIRTH: Jan. 22, 1886 | 9. AGE last birthday: 69 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife | 10b. KIND OF BUSINESS OR INDUSTRY: Own Home | 11. BIRTHPLACE (State or foreign country): Maryland | 12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: William Brown | 14. MOTHER'S MAIDEN NAME: Elizabeth Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): NO | 16. SOCIAL SECURITY NO.: None | 17. INFORMANT AND ADDRESS: 3422B S. Utah St. Florence R. Heuning Arlington, Va.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | INTERVAL BETWEEN ONSET AND DEATH

420.0
Immediate cause (a) Coronary Thrombosis — 1 hr.

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Hypertension & Arteriosclerotic Heart Disease — 10 years
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 1, 1953, to Jan 28, 1955, that I last saw the deceased alive on Jan 27, 1955, and that death occurred at 6:00 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

William Frank, M.D. | 1014 Viers Mill Rd. Rockville Md. | 1/29/55

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: 1-31-55 | NAME OF CEMETERY OR CREMATORY: Darnestown Church Cem. | LOCATION (City, town, or county) (State): Darnestown, Maryland

DATE REC'D BY LOCAL REG.: 1-31-55 | REGISTRAR'S SIGNATURE: Farrell Kraetzer | 24. FUNERAL DIRECTOR: Robert H. Humphrey | ADDRESS: Bethesda, Md.

C of D

FEB 2 1
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00740

00747 **CERTIFICATE OF DEATH** Reg. Dist. No. 216

1. PLACE OF DEATH: 15
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
LENGTH OF STAY (in this place) 11 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 90

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
STREET ADDRESS (If rural give location) 5919 Nuner St

3. NAME OF DECEASED: (Type or Print) (First) Elizabeth (Middle) H (Last) Kirby

4. DATE OF DEATH: (Month) 1 (Day) 3 (Year) 195-

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): W

8. DATE OF BIRTH: Dec 31 1873

9. AGE last birthday: 81 (81) yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John G. Herndon

14. MOTHER'S MAIDEN NAME: Alice Logan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)

16. (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Mrs. Norman McGirald 5919 Nuner St. Chevy Chase

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1
IMMEDIATE CAUSE (A) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 2 hours

ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
(B) DUE TO Arteriosclerotic Heart Disease — 10 yrs
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. See other side

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 28, 1949 to Jan 3, 1955, that I last saw the deceased alive on Dec 28, 1954 and that death occurred at 6:45 P M, from the causes and on the date stated above.

SIGNATURE Thomas H Curtis M.D. ADDRESS 1852 Columbia Rd NW Wash DC DATE SIGNED 1/3/55

23 BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation — DATE THEREOF 1/4/55 — NAME OF CEMETERY OR CREMATORY Pleasant Hill Cem. — LOCATION (City, town, or county) Silver Spring (State) Md.

DATE REC'D BY LOCAL REGISTRAR 1/4/55 — REGISTRAR'S SIGNATURE Bessie M. Lindsay

24 FUNERAL DIRECTOR Simpson & Pope — ADDRESS Chevy Chase

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

Reported to and approved
by The Montgomery County
Medical Examiner 1/3/55.

Horace Hiestand M.D.

JAN

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00741

00748

CERTIFICATE OF DEATH

Reg. Dist. No. 216

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bethesda; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Montgomery; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda X; STREET ADDRESS (If rural give location) 7905 Glenbrook Road

3. NAME OF DECEASED (Type or Print): (First) Benjamin (Middle) Hickson (Last) Ritter

4. DATE OF DEATH: (Month) JAN. (Day) 27 (Year) 1955

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: July 3 1884

9. AGE last birthday: 66 yrs. IF UNDER 1 YEAR: Months 5 Days 24 IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Administrative

10B. KIND OF BUSINESS OR INDUSTRY: U.S. Govt.

11. BIRTHPLACE (State or foreign country): Indiana

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Henry Ritter

14. MOTHER'S MAIDEN NAME: Jane Bugher

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) W.W.I

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS. Mrs. Mary L. Ritter 7905 Glenbrook Rd. Bethesda Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

IMMEDIATE CAUSE (A) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 2 hours

DUE TO

ANTECEDENT CAUSE (B): Thrombosis right coronary — 2 days

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (C) Atherosclerosis, Coronary, — 2 years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH: Generalized arteriosclerosis — 2 years

19A. DATE OF OPERATION.

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work [ ] Not while at work [ ]

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 19 , to , 19 , that I last saw the deceased alive on , 19 , and that death occurred at 10:15 A M, from the causes and on the date stated above.

SIGNATURE Charles Harwick M.D. ADDRESS 4861 Battery Lane DATE SIGNED 1/31/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

DATE THEREOF: 1/29/55

NAME OF CEMETERY OR CREMATORY: Parklawn Cemetery

LOCATION (City, town or county) (State): Montgomery Maryland

DATE REC'D BY LOCAL REGISTRAR: 1/31/55

REGISTRAR'S SIGNATURE: Bessie M. Thompson

24. FUNERAL DIRECTOR: Roberts A. Pumphrey

ADDRESS: Bethesda, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00742

00659 **CERTIFICATE OF DEATH** Reg. Dist. No. 223

1 PLACE OF DEATH:
COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park
MARYLAND LENGTH OF STAY (In this place) one day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED.
STATE Md. COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring
STREET ADDRESS (If rural give location) 622 Silver Spring Ave.

3. NAME OF DECEASED: (Type or Print) (First) Edith (Middle) Wayne (Last) Roberts

4. DATE OF DEATH: (Month) (Day) (Year) 1 - 11 - 1955

5. SEX: Female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single
8. DATE OF BIRTH: 10-18-24
9. AGE last birthday: 30 yrs. IF UNDER 1 YEAR: Months 2 Days 24 IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bookkeeper
10B. KIND OF BUSINESS OR INDUSTRY: Bank
11. BIRTHPLACE (State or foreign country): Washington D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Milford K. Roberts
14. MOTHER'S MAIDEN NAME: Fannie E. Myers
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Hospital Record

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Massive peritonitis — INTERVAL BETWEEN ONSET AND DEATH: 2+ days

ANTECEDENT CAUSE (B) DUE TO Multiple ulceration of jejunum 3

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (C) DUE TO Etiology unknown

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 26, 1954, to Jan. 11, 1955 that I last saw the deceased alive on Jan. 11 1955, and that death occurred at 6:00 P.M., from the causes and on the date stated above.
SIGNATURE M.D. ADDRESS Takoma Park, Md. DATE SIGNED 1/11/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 1-14-55
NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery
LOCATION (City, town, or county) (State) Suitland Md.

DATE REC'D BY LOCAL REGISTRAR Jan. 12 1955
REGISTRAR'S SIGNATURE J. Nelson Dodd
24. FUNERAL DIRECTOR J.W. Lee Sons
ADDRESS 300-4 7th Washington D.C.

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 13 1955
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00743

00749

CERTIFICATE OF DEATH

Reg. Dist. No. 217

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Montgomery — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Olney —
LENGTH OF STAY (in this place) 2 mo —
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sharon Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE District of Columbia —
COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington
STREET ADDRESS (If rural give location) 603 Roxboro Place N.W.

3. NAME OF DECEASED: (Type or Print) (First) Mrs Ella (Middle) (Last) Rogers —

4. DATE OF DEATH: (Month) Jan. (Day) 29 (Year) 1955

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed | 8. DATE OF BIRTH: May 27, 1871 | 9. AGE last birthday: 83 yrs. | IF UNDER 1 YEAR: Months / Days | IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Georgetown D.C. —

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Funk

14. MOTHER'S MAIDEN NAME: Caroline Cleveland —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) | (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS. Pt's Admission Record.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

151X
IMMEDIATE CAUSE (A) Metastasis + Debilitation — INTERVAL BETWEEN ONSET AND DEATH: 1 yr

ANTECEDENT CAUSE (B) DUE TO Gastric ca

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 27, 1954 to Jan. 29, 1955 that I last saw the deceased alive on Jan. 28, 1955, and that death occurred at 2:20 M, from the causes and on the date stated above.

SIGNATURE John Bosley Ziegler M.D. ADDRESS Olney Md DATE SIGNED 1-29-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Removal | DATE THEREOF 1-29-55 | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) Wash DC

DATE REC'D BY LOCAL REGISTRAR 1-29-55 | REGISTRAR'S SIGNATURE Gertrude B Fawley

24. FUNERAL DIRECTOR W. R. Huntemann & Son | ADDRESS 5732 Ga Ave

FEB 7
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00744

00750

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WHITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kensington
LENGTH OF STAY (in this place) 40 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4111 Saul Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montg.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kensington
STREET ADDRESS (If rural give location) 4111 Saul Road

3. NAME OF DECEASED: (First) Frank (Middle) — (Last) Rusk

4. DATE OF DEATH: (Month) Jan (Day) 22 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Feb. 15, 1889

9. AGE last birthday: 65 yrs.
IF UNDER 1 YEAR: Months — Days
IF UNDER 24 HRS.: Hours — Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Administrative

10b. KIND OF BUSINESS OR INDUSTRY: U. S. Gov.

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Robt. U. Rusk

14. MOTHER'S MAIDEN NAME: Emma Virginia Hart

15. WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Mrs. Frank Rusk 4111 Saul Road, Kensington Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0
Immediate cause (a) Coronary Thrombosis — Interval Between Onset And Death: Sudden

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease — —
DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..., 1950, to Jan 22, 1955, that I last saw the deceased alive on Jan 21, 1955, and that death occurred at 2:00 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) J. Marion Bamford M.D.
ADDRESS 9241 Columbia Blvd Silver Spring Md.
DATE SIGNED 1/22/55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 1/26/1955
NAME OF CEMETERY OR CREMATORY Ivy Hill
LOCATION (City, town, or county) (State) Alexandria Virginia

DATE REC'D BY LOCAL REGISTRAR 1/24/55
REGISTRAR'S SIGNATURE Bessie M. Thompson

24. FUNERAL DIRECTOR Roberts A. Pumphrey
ADDRESS Bethesda, Md.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00745

00651 CERTIFICATE OF DEATH Reg. Dist. No. 223

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
17 CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring LENGTH OF STAY (in this place)
75 HOSPITAL OR INSTITUTION OR STREET ADDRESS Walter Reed Army Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE COUNTY 4
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington D.C.
STREET ADDRESS (If rural give location) 1107 Fairview Rd. S.W.

3. NAME OF DECEASED: (Type or Print) (First) Robert (Middle) Berg (Last) Sager
4. DATE OF DEATH: (Month) 1 (Day) 11 (Year) 19 55

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single | 8. DATE OF BIRTH: 1-11-[illegible] | 9. AGE last birthday yrs. | IF UNDER 1 YEAR: Months Days | IF UNDER 24 HRS.: Hours 5 Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): — | 10B. KIND OF BUSINESS OR INDUSTRY: — | 11. BIRTHPLACE (State or foreign country): Maryland | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles A. Sager | 14. MOTHER'S MAIDEN NAME: Kathleen Carroll

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. — | 17. INFORMANT & ADDRESS: Wilton Sager - Ft. Belvoir

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) Prematurity

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-11 , 1955, to 1-11 , 1955, that I last saw the deceased alive on 1-11 , 1955, and that death occurred at 10 P M, from the causes and on the date stated above.

SIGNATURE M.D. ADDRESS 4105 Wisconsin Ave N.W. DATE SIGNED 1/11/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 1-14-55 | NAME OF CEMETERY OR CREMATORY Arlington National | LOCATION (City, town, or county) Arlington (State) Va

DATE REC'D BY LOCAL REGISTRAR Jan. 13 1955 | REGISTRAR'S SIGNATURE J. Wilson Dodd | 24. FUNERAL DIRECTOR Robert A. Pumphrey | ADDRESS Bethesda Md

20152944281

BUREAU V.

00751

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00746 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place) 10 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5405 York Lane

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery 15
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Bethesda
STREET ADDRESS (If rural, give location) 5405 York Lane

3. NAME OF DECEASED: (Type or Print) (First) FREDERICK (Middle) CHARLES (Last) SAVILLE

4. DATE OF DEATH (Month) (Day) (Year) Jan. 1, 1955 19

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE Last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White	Married	May 6, 1894	60 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Pharmacist	Squibb Chem. Co.	Detroit, Mich.	US

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
William Saville	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
Yes	WW 1	284-07-8311	Edna M. Saville-Item 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Occlusion DUE TO	found dead (on bed)
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Frank J. Bouchat M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED Jan 1-55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	1-4-55	Arlington National	Arlington, Va.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1/3/55	Bessie M. Fox - Deputy	Leonard A. Murphy	Bethesda, Md.

VS. A15A - 5 - 53

RECEIVED
JAN 5
U.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00752

00747

CERTIFICATE OF DEATH

Reg. Dist. No. 214

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY MONTGOMERY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN SILVER SPRING
LENGTH OF STAY (in this place) 56
HOSPITAL OR INSTITUTION OR STREET ADDRESS 8221- GEORGIA AVE

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE MARYLAND COUNTY MONTG.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN SILVER SPRING
STREET ADDRESS (If rural give location) 8221- GEORGIA AVE.

3. NAME OF DECEASED (Type or Print) (First) LAST, (Middle) FIRST (Last) SOLAR, CATHERINE

4. DATE OF DEATH (Month) (Day) (Year) Jan 17, 1955

5. SEX F

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED

8. DATE OF BIRTH NOV. 1. 1881

9. AGE last birthday 73 yrs. If under 1 year Months Days; If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) KADIN. LITHUANIA

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME MAYER DATH

14. MOTHER'S MAIDEN NAME SARAH

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO. NONE

17. INFORMANT JACOB SOLAR - SON

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pneumonia — Interval between onset and death: 5 days

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Cerebral Thrombosis. — 2 weeks

(c) Generalized arteriosclerosis — years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Diabetes. Arteriosclerotic heart disease — years

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from —, 1953, to Jan 17, 1955, that I last saw the deceased alive on Jan 16, 1955, and that death occurred at 8 30 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Sig Daey Leventhal, M.D. 8248 Georgia Ave Silver Spring, Md. Jan 17, 1955

23. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL

DATE JAN-17-1955

NAME OF CEMETERY OR CREMATORY Chevra Sholoum Cem

LOCATION (City, town, or county) (State) Washington D.C.

DATE REC'D BY LOCAL REG. Jan 17, 1955

REGISTRAR'S SIGNATURE Frances Potter

24. FUNERAL DIRECTOR Goldberg FUNERAL HOME

ADDRESS 4217-9th ST NW

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00748

CERTIFICATE OF DEATH

00753

Reg. Dist. No. 212

1. PLACE OF DEATH: 15 COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bethesda
LENGTH OF STAY (In this place) 1½ hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS 74 Suburban

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gaithersburg X
STREET ADDRESS (If rural give location) R.F.D. #1

3. NAME OF DECEASED: (Type or Print) (First) Helen (Middle) Wilson (Last) Selby

4. DATE OF DEATH: (Month) Jan. (Day) 3 (Year) 19 55

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH: March 16, 1920 | 9. AGE last birthday 34 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? America

13. FATHER'S NAME: Maurice E. Ricketts
14. MOTHER'S MAIDEN NAME: Bertha Warfield

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Mrs. Mary E. Johnson Ijamsville, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) Heart Failure

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Carcinoma of pancreas

DUE TO (C) Metastasis to Left lung & liver?

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION with metastasis in liver. Inoperable carcinoma of pancreas
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-11-, 1954 to 1-3., 1955, that I last saw the deceased alive on 1-2, 1955, and that death occurred at 7:30 P.M., from the causes and on the date stated above.

SIGNATURE Lawrence E. Lee M.D. ADDRESS 112 Frederick Ave Gaithersburg DATE SIGNED 1-4, 55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 1/6/55 | NAME OF CEMETERY OR CREMATORY Monocacy | LOCATION (City, town, or county) (State) Beallsville Md

DATE REC'D BY LOCAL REGISTRAR 1/4/55 | REGISTRAR'S SIGNATURE Charles W. Hyer | 24. FUNERAL DIRECTOR William B Hilton ADDRESS Barnesville Md

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

00749

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00652 **CERTIFICATE OF DEATH** Reg. Dist. No. 223

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: Please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND; 17 CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Takoma Park; LENGTH OF STAY (in this place) 5 days; 18 HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium & Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring 56; STREET ADDRESS (If rural give location) 8712 Colesville Rd.

3. NAME OF DECEASED: (Type or Print) (First) Alma (Middle) Josephine (Last) Shaw

4. DATE OF DEATH: (Month) Jan. (Day) 5 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widow

8. DATE OF BIRTH: 10-3-94

9. AGE last birthday: 60 yrs. IF UNDER 1 YEAR: Months 3 Days 2 IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk Super.

10B. KIND OF BUSINESS OR INDUSTRY: U.S. Government

11. BIRTHPLACE (State or foreign country): Minnesota

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Adolph M. Huset

14. MOTHER'S MAIDEN NAME: Anne C Arenson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 578-46-3877

17. INFORMANT & ADDRESS. Mrs. Clara Odell 8722 Colesville Rd. Silver Spring, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Pneumonia Hemi Lobar

ANTECEDENT CAUSE (B) DUE TO Mild stenosis mitral valve

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO Digestive failure

INTERVAL BETWEEN ONSET AND DEATH: ? yrs. ? & few days

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Prostatic hypertrophy Marked secondary anemia — Arteriosclerosis

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION 0

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State) 0

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 0 M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR? 0

22. I hereby certify that I attended the deceased from 1/2/1955 to 1/5/1955, that I last saw the deceased alive on 1/5/1955, and that death occurred at 8 P. M, from the causes and on the date stated above.

SIGNATURE R. W. Holohan M.D. ADDRESS M.D. 500 Underwood St. NW. DATE SIGNED 1/5/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial; DATE THEREOF 1/8/55; NAME OF CEMETERY OR CREMATORY Colesville Cemetery; LOCATION (City, town, or county) (State) Montgomery County, Md.

DATE REC'D BY LOCAL REGISTRAR Jan. 6 1955; REGISTRAR'S SIGNATURE J. Wilson Dodd

24. FUNERAL DIRECTOR Warner E. Pumphrey, ADDRESS 8434 Georgia Ave. Silver Spring, Md.

BUREAU V

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00754

CERTIFICATE OF DEATH

00750

Reg. Dist. No. 215

1. PLACE OF DEATH
COUNTY: Montgomery — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): X Bethesda Rural
LENGTH OF STAY (in this place): 1mo 25 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 51 U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring
STREET ADDRESS (If rural give location): 8705 Reading Road

3. NAME OF DECEASED (Type or Print): Harold (First) Linwood (Middle) SHIPLEY Jr. (Last)

4. DATE OF DEATH: January (Month) 24 (Day) 1955 (Year)

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 3-17-22

9. AGE last birthday: 32 yrs. IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mariner

10B. KIND OF BUSINESS OR INDUSTRY: Mariner

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Harold L. SHIPLEY

14. MOTHER'S MAIDEN NAME: Cloyde BARTHOLOME

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk) Yes V (If Yes, give war or dates of service) WW II

16. SOCIAL SECURITY NO. 215 14 4655

17. INFORMANT & ADDRESS: Wife Mrs. Mary E. SHIPLEY same as above

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

204.1

IMMEDIATE CAUSE (A) Leukemia, Acute Myelogenous — INTERVAL BETWEEN ONSET AND DEATH: 7 months

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 29 Nov. 1954, to 24 Jan, 19 55 that I last saw the deceased alive on 24 Jan., 1955, and that death occurred at 2:55PM, from the causes and on the date stated above.

SIGNATURE: R. G. Williams — ADDRESS: R. G. WILLIAMS LT MC USN U. S. Naval Hospital, NNMC, Bethesda, Maryland — DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial | DATE THEREOF: 27 Jan 1955 | NAME OF CEMETERY OR CREMATORY: Natinnal Cemetery | LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR: 25 Jan 1955 | REGISTRAR'S SIGNATURE: Mary E. Farrelly | 24. FUNERAL DIRECTOR: R. A. PUMPHREY Funeral Home | ADDRESS: 7557 Wisconsin Avenue, Bethesda, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00751

00755

CERTIFICATE OF DEATH

Reg. Dist. No. 216

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR X TOWN Kensington
LENGTH OF STAY (in this place) 5 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS 11103 West Ave

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Pennsylvania COUNTY Jefferson
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Punxsutawney 75X-3
STREET ADDRESS (If rural give location) Route 4

3. NAME OF DECEASED: (Type or Print) (First) Warren (Middle) E (Last) Shoffner

4. DATE OF DEATH: (Month) Jan. (Day) 19 (Year) 1955

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): W

8. DATE OF BIRTH: April 17, 1874

9. AGE last birthday 80 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Abraham

14. MOTHER'S MAIDEN NAME: Elizabeth Reitz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Daughter - 11103 West Ave, Kensington

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

157X
IMMEDIATE CAUSE (A) Uremia — INTERVAL BETWEEN ONSET AND DEATH: 3 weeks

ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B) Carcinoma Pancreas — Unknown.
DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 7 Dec. 1954

19B. MAJOR FINDINGS OF OPERATION Cyst of Left Kidney.

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 1, 1954, to Jan 19, 1955, that I last saw the deceased alive on Jan 19, 1955, and that death occurred at 10:15 P M, from the causes and on the date stated above.

SIGNATURE M. D. George Sharpe — ADDRESS 10644 Connecticut Ave. Kensington, Md. — DATE SIGNED 1-19-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial — **DATE THEREOF:** 1-23-55 — **NAME OF CEMETERY OR CREMATORY:** Dora — **LOCATION** (City, town, or county) (State): Jefferson County, Pa.

DATE REC'D BY LOCAL REGISTRAR 1/21/55 — REGISTRAR'S SIGNATURE Bessie M. Thompson — FUNERAL DIRECTOR Robert L. Runckle — ADDRESS Bethesda, Maryla

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00752

00756

CERTIFICATE OF DEATH

Reg. Dist. No. 216

Item . . Film G177 2-1t-p5 et

1. PLACE OF DEATH: COUNTY MONTGOMERY MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X BETHESDA
LENGTH OF STAY (in this place) 8 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS RESMOR

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BETHESDA X
STREET ADDRESS (If rural give location) 6901 WILSON LANE

3. NAME OF DECEASED: (Type or Print) (First) MARY (Middle) E. (Last) SIVE

4. DATE OF DEATH: (Month) JAN. (Day) 25 (Year) 1955

5. SEX: FEMALE | 6. COLOR OR RACE: WHITE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED | 8. DATE OF BIRTH: FEB. 22 1876 | 9. AGE last birthday 79/78 yrs. | IF UNDER 1 YEAR: Months Days | IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: DYSON

14. MOTHER'S MAIDEN NAME: UNKOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)

(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 4 Days

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Myelophthisic Anemia — 4 mo.

DUE TO (C) Multiple Myeloma — 16 Dec 1954

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Coronary Artery Heart Disease — 10 years

19A. DATE OF OPERATION: 15 Dec 1954

19B. MAJOR FINDINGS OF OPERATION: Bone Marrow Aspiration - Multiple Myeloma

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept , 1954, to Jan , 1955, that I last saw the deceased alive on 25 Jan , 1955, and that death occurred at 11:30 AM, from the causes and on the date stated above.

SIGNATURE James A. Kline M. D. ADDRESS 1801 K St. NW DATE SIGNED 25 Jan 55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 1-28-55 | NAME OF CEMETERY OR CREMATORY Cedar Hill | LOCATION (City, town, or county) (State) Suitland, Md

DATE REC'D BY LOCAL REGISTRAR 1/26/55 | REGISTRAR'S SIGNATURE Lucie M. Hampson

24. FUNERAL DIRECTOR ADDRESS J. Wm Lee Sons Co - Wash., D.C.

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00757

CERTIFICATE OF DEATH

Reg. Dist. No. 00753

Iter 2, Fil cl'7 2-25-5.. et

PLEASE WHITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
15 COUNTY Montgomery
X CITY (If outside corporate limits, write RURAL) OR TOWN Olney
MARYLAND LENGTH OF STAY (in this place) 1 mo 4 da.
90 HOSPITAL OR INSTITUTION OR STREET ADDRESS Sharon Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Mont. Geo.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Capitol Heights
STREET ADDRESS (If rural give location) 211 - 49th Avenue

3. NAME OF DECEASED: (Type or Print) (First) Clara (Middle) (Last) Smith

4. DATE OF DEATH: (Month) Jan. (Day) 6 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH: Nov. 17 1873

9. AGE Last birthday: 71 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): England

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Hammond Braithwaite

14. MOTHER'S MAIDEN NAME: Eliza Booth

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT'S ADDRESS: 135 Hesketh St. Chevy Chase Md.
Dr. Merle A. Tuve

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) acute myocardial infarction — Interval Between Onset And Death: 3 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Sen. art. Sclerosis + — 4 yrs
DUE TO (c) C.V.A

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 1, 1954, to Jan. 6, 1955, that I last saw the deceased alive on Jan 5, 1955, and that death occurred at 8:40 AM from the causes and on the date stated above.

SIGNATURE (Degree or title) John Bosley Ziegler — ADDRESS Olney Md — DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Removal — DATE THEREOF Jan 6 1955 — NAME OF CEMETERY OR CREMATORY Washington — LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REGISTRAR 1-6-55 — REGISTRAR'S SIGNATURE Frances Potter

24. FUNERAL DIRECTOR J. William Lee & Son — ADDRESS Hyattsville, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00754

00758 **CERTIFICATE OF DEATH** Reg. Dist. No. 21

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bethesda
LENGTH OF STAY (in this place) 17 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 50 The Clinical Center Natl. Institutes of Health

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Alabama COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Brierfield 40 X - 2
STREET ADDRESS (If rural give location) Route #1

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Allice (Last) Smith

4. DATE OF DEATH: (Month) Jan. (Day) 17 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH. July 23, 1952

9. AGE last birthday IF UNDER 1 YEAR Months IF UNDER 24 HRS. Days Hours Min. 2 yrs.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired). Child

10B. KIND OF BUSINESS OR INDUSTRY: ---

11. BIRTHPLACE (State or foreign country): Alabama

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Wm. H. Smith

14. MOTHER'S MAIDEN NAME: Ida May Lucas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT & ADDRESS: The medical record Clinical Center, Natl. Inst. of Health

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

134.1 IMMEDIATE CAUSE (A) Pulmonary insufficiency

ANTECEDENT CAUSE (B) DUE TO Broncho-pneumonia

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Encephalo-meningitis DUE TO

(C) Torulosis (generalized)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Salmonella enteritis

19A. DATE OF OPERATION: Tracheotomy 1-2-55 Twist drill ventriculogram 1-3-55

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) ---

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State) ---

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) --- M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR? ---

22. I hereby certify that I attended the deceased from Dec. 31, 1954, to Jan. 17, 1955, that I last saw the deceased alive on Jan. 17, 1955, and that death occurred at 4:10 P.M., from the causes and on the date stated above.

SIGNATURE Robert H. Parrott, M. D. ADDRESS The Clinical Center DATE SIGNED Jan. 18, 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial-Transit | DATE THEREOF 1-18-55 | NAME OF CEMETERY OR CREMATORY Carlton Hill Bantist | LOCATION (City, town, or county) (State) Bibb County, Alabama

DATE REC'D BY LOCAL REGISTRAR 1/20/55 | REGISTRAR'S SIGNATURE Bessie M. Thompson | 24. FUNERAL DIRECTOR Robert L. Pumphrey | ADDRESS Bethesda, Md.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00755

00759

CERTIFICATE OF DEATH

Reg. Dist. No. ...

1. PLACE OF DEATH: 15 COUNTY Montgomery MARYLAND
X CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda Rural
LENGTH OF STAY (in this place) 11 days
51 HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Virginia COUNTY Arlington
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Arlington
STREET ADDRESS (If rural give location) 4945 N 26th Street

3. NAME OF DECEASED: (Type or Print) (First) Paul (Middle) Edward (Last) Sours
4. DATE OF DEATH: (Month) January (Day) 2 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	7-19-05	49 yrs.				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Mariner	U.S. Navy	Virginia	U.S.

13. FATHER'S NAME: Charles Soure
14. MOTHER'S MAIDEN NAME: Mary Dodson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
Yes	WW II		4945 N 26th Street Katherine E. Sours Arlington, Virginia

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) Lymphosarcoma, thoracic and abdominal
ANTECEDENT CAUSE (S) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (B) DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-22-54 19 , to 1-2- , 1955 , that I last saw the deceased alive on 1-2- , 1955, and that death occurred at 1020a M, from the causes and on the date stated above.

SIGNATURE P. E. Rutland, M.D. ADDRESS LT, MC, USN, U.S. Naval Hospital, NNMC, Bethesda, Maryland DATE SIGNED 1-2-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	1-4-55	Arlington National Cemetery	Arlington, Virginia

DATE REC'D BY LOCAL REGISTRAR 1-2-55 | REGISTRAR'S SIGNATURE Mary E. Farrelly | 24. FUNERAL DIRECTOR ADDRESS IVES FUNERAL HOME 2847 Wilson Blvd Arlington, Virginia

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

00769

00756

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda | LENGTH OF STAY (In this place) 16 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Bethesda
STREET ADDRESS (If rural, give location) 9708 Parkwood Drive

3. NAME OF DECEASED: (Type or Print) (First) Martha (Middle) Winifred (Last) Spears
4. DATE OF DEATH (Month) JAN. (Day) 7 (Year) 19 55
5. SEX: F
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH: July 27 1901
9. AGE last birthday: 53 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Domestic
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? America
13. FATHER'S NAME: George Spears
14. MOTHER'S MAIDEN NAME: Texas Tucker
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: George T. Spears Crozet, Va. Box 127

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary Embolism	Few Minutes
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Thrombophlebitis femoral vein, rt.	Few days
DUE TO		
	(c) Multiple fractures & contusion (fracture right femur)	14 days

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH: Obesity. Diabetes mellitus.

19a. DATE OF OPERATION: 21 Dec. 1954
19b. MAJOR FINDING OF OPERATION: Fracture right femur, Sternum, ribs ©, acetabulum.
20. AUTOPSY? Yes ☒ No ☐
21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☒ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, OF street, office bldg., etc.) INJURY Street
21c. (City or town) Washington (County) D.C. (State)
21d. TIME OF INJURY (Month) 12 (Day) 21 (Year) 54 (Hour) ? P.M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☒
21f. HOW DID INJURY Ooccur? Driver of auto - struck tree

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Edward J Broerman M. D.
CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 1-7-55

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
	1-11-55	Piedmont	Yancey Mills, N.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1/10/55	Bessie M. Thompson	L C Murray Sons	1337-10th

VS. A15A - 5 - 53

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JAN 13
BUREA

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00757

00761

CERTIFICATE OF DEATH

Reg. Dist. No. 216

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY: Montgomery — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): X Bethesda
LENGTH OF STAY (in this place): 48 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: The Clinical Center
50 The Nat'l. Inst. of Health

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: D.C. COUNTY:
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Washington 4, D. C.
STREET ADDRESS (If rural give location): 5425 Conn. Ave., N.W.

3. NAME OF DECEASED: (First) Helen (Middle) M (Last) Sturgess

4. DATE OF DEATH: (Month) Jan. (Day) 13 (Year) 1955

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: July 3, 1903

9. AGE last birthday: 51 yrs
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Librarian

10B. KIND OF BUSINESS OR INDUSTRY: Public Library

11. BIRTHPLACE (State or foreign country): New York

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles Sturgess

14. MOTHER'S MAIDEN NAME: Mary Parker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: Not stated

17. INFORMANT & ADDRESS: The medical record, The Clinical Center

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

1997

IMMEDIATE CAUSE (A) DUE TO: Metastatic melanoma involving lungs (massive), adrenals, kidneys, liver,

ANTECEDENT CAUSE (B) DUE TO: lymph nodes, skin

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 10-23-53

19B. MAJOR FINDINGS OF OPERATION: Malignant melanoma involving nodes

20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.): None

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work [ ] Not while at work [ ]

21F. HOW DID INJURY Ooccur?

22. I hereby certify that I attended the deceased from Nov. 26, 1954 to Jan. 13, 1955 that I last saw the deceased alive on Jan. 13, 1955, and that death occurred at 6:25 PM, from the causes and on the date stated above.

SIGNATURE: R. Lane Wroth M.D. ADDRESS: The Clinical Center, NIH DATE SIGNED: Jan. 14, 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial | DATE THEREOF: 1/17/55 | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State): Bennington VT and D.C.

DATE REC'D BY LOCAL REGISTRAR: 1/17/55 | REGISTRAR'S SIGNATURE: Bessie M. Thompson

24. FUNERAL DIRECTOR: The S. H. Hines Co ADDRESS: 2901 14th St. NW

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00762

CERTIFICATE OF DEATH

Reg. Dist. No. 00258

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town) X Bethesda
LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS 74 Suburban Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
STREET ADDRESS (If rural give location) Haiti

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) (Last) Thomas

4. DATE OF DEATH: (Month) Jan. (Day) 25 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)

8. DATE OF BIRTH: unknown

9. AGE last birthday 74 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Seneca, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John Thomas

14. MOTHER'S MAIDEN NAME: Maggie Beckwith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S ADDRESS: Son - Roger Thomas

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

491X IMMEDIATE CAUSE (A) Confluent bronchopneumonia bilateral DUE TO — INTERVAL BETWEEN ONSET AND DEATH: 6 days

ANTECEDENT CAUSE (S):

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Hypertensive Heart disease — ? years

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work [ ] Not while at work [ ]

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/25, 1955, to 1/25, 1955, that I last saw the deceased alive on 1/25, 1955, and that death occurred at 5:40 P M, from the causes and on the date stated above.

SIGNATURE Charles J. Sawasse Jr. M. D. ADDRESS DATE SIGNED 1/25/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF Jan. 28, 1955 — NAME OF CEMETERY OR CREMATORY Seneca — LOCATION (City, town, or county) Seneca, Md. (State)

DATE REC'D BY LOCAL REGISTRAR 1/27/55 — REGISTRAR'S SIGNATURE Dennis M. Thompson — 24. FUNERAL DIRECTOR Robert L. Snowden, Rockville Md. — ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians—please write the causes of death clearly and legibly.

VS. A15—10-53

RECEIVED
1951
BUREAU U. S.

Hm & Fin 9277 Inc

00763

01092

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Bethesda
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4529 Rosedale Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Bethesda
STREET ADDRESS (If rural, give location) 4529 Rosedale Avenue

3. NAME OF DECEASED: (Type or Print) (First) WALLACE (Middle) S. (Last) THOMAS

4. DATE OF DEATH (Month) Jan. (Day) 15, (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: Sept. 7, ~~1883~~ 1893

9. AGE last birthday: 61 yrs. IF UNDER 1 YEAR: Months 4 Days 8 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Gov't. Emp.

10b. KIND OF BUSINESS OR INDUSTRY: U.S. Government

11. BIRTHPLACE (State or foreign country): Springfield, Ohio

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: William S. Thomas

14. MOTHER'S MAIDEN NAME: Fannie Senteny

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) yes (If Yes, give war or dates of service) WW 1

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Mrs Leone D. Thomas-Item # 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	(a)	Coronary occlusion	Indefinite
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO		
	(c) DUE TO		

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: **19b. MAJOR FINDING OF OPERATION:** **20. AUTOPSY?** Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. **21b. PLACE** (Home, farm, factory, street, office bldg., etc., OF INJURY **21c.** (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M. **21e. INJURY OCCURRED** While at work ☐ Not while at work ☐ **21f. HOW DID INJURY OCCUR?**

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Irwin J. Bouchart M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☒ DATE SIGNED 1-17-55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial-Transit | DATE THEREOF 1-17-55 | NAME OF CEMETERY OR CREMATORY Forncliff | LOCATION (City, town, or county) (State) Springfield, Ohio

DATE REC'D BY LOCAL REG. 1/17/55 | REGISTRAR'S SIGNATURE Bessie M. Thompson | **24. FUNERAL DIRECTOR** Robert A. Dunphey ADDRESS Bethesda, Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

MARYLAND 00764

00759

STATE DEPARTMETT OF HEALTH

Item 18 Film 3179 4-5-55 ams

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY: Montgomery — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): X Bethesda
LENGTH OF STAY (in this place): 60 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: The Clinical Center, Nat'l Inst. of Health

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Louisiana — COUNTY:
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Shreveport
STREET ADDRESS (If rural, give location): 435 Herndon St.

3. NAME OF DECEASED (Type or Print): (First) Frankie (Middle) (Last) Tynes

4. DATE OF DEATH: (Month) Jan. (Day) 8 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: Feb 16, 1909

9. AGE last birthday: 45 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Primary School Teacher

10b. KIND OF BUSINESS OR INDUSTRY: School- (TypeNot Stated)

11. BIRTHPLACE (State or foreign country): Louisiana

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Lonnie McGinty

14. MOTHER'S MAIDEN NAME: Maude Leshe

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If year, give war or dates of service):

16. SOCIAL SECURITY NO.: 542-09-3911

17. INFORMANT AND ADDRESS: The medical record, The Clinical Center

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a): Subacute Peritonitis (Salmonella)

Antecedent cause(s) (b): Lymphosarcoma, generalized

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: Subacute peritonitis due to salmonella typhimurium

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): None

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 9, 1954, to Jan. 8, 1955, that I last saw the deceased alive on Jan. 8, 1955, and that death occurred at 3:40 P.m., from the causes and on the date stated above.

SIGNATURE: Kras Miller (Degree or title) M.D. ADDRESS: The Clinical Center, NIH DATE SIGNED: 1-9-55

23. BURIAL, CREMATION, REMOVAL (Specify): Transit-Burial — DATE: 1-13-55 — NAME OF CEMETERY OR CREMATORY: Spring Hill Cemetery — LOCATION (City, town, or county) (State): Red River Parish, La.

DATE REC'D BY LOCAL REG.: 1/10/55 — REGISTRAR'S SIGNATURE: Bernice M. Thompson

24. FUNERAL DIRECTOR: Robert A. Humphreys II — ADDRESS: Bethesda, Md.

MARGIN RESERVED FOR BINDING

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JAN 13 1955
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. 40760

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 214

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
LENGTH OF STAY (in this place) 4 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS Morningside Laundry

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE DC COUNTY
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 815 - 4½ St S.W.

3. NAME OF DECEASED: (Type or Print) (First) Ethel (Middle) Crosby (Last) Dolton
4. DATE OF DEATH (Month) Jan (Day) 18 (Year) 1953

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE Last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	Col	Married	7-3-10	74 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Laundry
11. BIRTHPLACE (State or foreign country): Rock Hill, S.C
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Tom Dolton 815-4½ St Wash. D.C. S.W.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
420.1
Immediate cause (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: Indefinite
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY
21c. (City or town) (County) (State)
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.
SIGNATURE Frank J Somerhart M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☒
DATE SIGNED 1-25-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 1/23/53
NAME OF CEMETERY OR CREMATORY Woodlawn
LOCATION (City, town, or county) Washington, DC (State)

DATE REC'D BY LOCAL REG. 1-19-53
REGISTRAR'S SIGNATURE Frances Potter
24. FUNERAL DIRECTOR Robert L Snowden
ADDRESS Rockville Md

00766

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. 00761

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 217

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the names of death clearly and legibly.

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Olney
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Montgomery County General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Rural, Norbeck
STREET ADDRESS (If rural, give location) #1 Crossway Rd., Manor Club Estates

3. NAME OF DECEASED: (First) ELEANOR (Middle) L. (Last) VORIS

4. DATE OF DEATH (Month) January (Day) 17 (Year) 1955

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Aug. 2, 1913

9. AGE last birthday: 41 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): New York

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Nicholas A. Lathers

14. MOTHER'S MAIDEN NAME: Charlotte Eldredge

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: yes

17. INFORMANT & ADDRESS: Mr. A. LeRoy Voris, 1 Crossway Rd. Manor Club Estates, Rockville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: (Interval Between Onset and Death)

Immediate cause (a) 825X Pulmonary Thrombosis — 5 Days
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Rupture of Liver
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc.) INJURY Residence

21c. (City or town) N. Norbeck (County) Mont. (State) Md.

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY 1-17-55 4:20 P.M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☒

21f. HOW DID INJURY OCCUR? Traffic Accident

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Thomas J. Riordan M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 1-17-55

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	1/20/55	Arlington National Cemetery	Arlington, Virginia

DATE REC'D BY LOCAL REG. 1-20-55 REGISTRAR'S SIGNATURE Gertrude B Lawler

24. FUNERAL DIRECTOR Warner E. Pumphrey ADDRESS 8434 Ga. Ave. Silver Spring, Maryland

From Potter Silver Spring

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00762

00871 **CERTIFICATE OF DEATH** Reg. Dist. No. 216

1 PLACE OF DEATH
COUNTY Montgomery MARYLAND
X CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
LENGTH OF STAY (in this place) 1-1-58 / 1-3-55
2 HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington, D.C.
STREET ADDRESS (If rural give location) 1330 Hemlock St. N.W.

3 NAME OF DECEASED: (Type or Print) (First) Mrs. Ida (Middle) B. (Last) Wager

4. DATE OF DEATH (Month) Jan. (Day) 3 (Year) 1955

5 SEX F | 6 COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) | 8 DATE OF BIRTH: 9/4/78 | 9. AGE last birthday 76 yrs. | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min.

10A USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.

13 FATHER'S NAME: ? McKenney
14 MOTHER'S MAIDEN NAME: ?

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service,
16. SOCIAL SECURITY NO
17 INFORMANT & ADDRESS: Lessie Wager, Son-in-law address

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE	(A) Cerebral hemorrhage	39 hours
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST	(B) DUE TO Hypertension, arterial	30 YEARS
	(C) DUE TO Arteriosclerosis, general	30 YEARS
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		

19A DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☒

21A ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B PLACE (Home, farm, factory OF INJURY street, office bldg., etc | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from MAY, 1949, to JAN. 3., 1955, that I last saw the deceased alive on JAN. 3, 1955, and that death occurred at 10:16 A.M., from the causes and on the date stated above.

SIGNATURE Robert J. Angle M. D ADDRESS 5009 Del Ray Ave Bethesda Md. DATE SIGNED Jan. 3 1955

23 BURIAL, CREMATION, REMOVAL (SPECIFY) | DATE THEREOF 1/5/55 | NAME OF CEMETERY OR CREMATORY Cedar Hill Cem. | LOCATION (City, town, or county) (State) Suitland Md

DATE REC'D BY LOCAL REGISTRAR 1/3/55 | REGISTRAR'S SIGNATURE Bessie M. Thompson | 24 FUNERAL DIRECTOR, ADDRESS S.H. Bowers Co 2901 14th St. Wash. D.C.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JAN 5
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00763

00757

CERTIFICATE OF DEATH

Reg. Dist. No. 216

Item 8, Film 177 2-21-55 et

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bethesda RURAL
LENGTH OF STAY (in this place) 4 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS 74 Suburban

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cabin John X
STREET ADDRESS (If rural give location) Box 104 Stinson Rd

3. NAME OF DECEASED: (Type or Print) (First) Henry (Middle) E. (Last) Walker

4. DATE OF DEATH: (Month) Jan. (Day) 28 (Year) 1955

5. SEX: Male
6. COLOR OR RACE: Col.
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify):
8. DATE OF BIRTH: Feb 2, 1901
9. AGE last birthday (If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.) 53 yrs.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10B. KIND OF BUSINESS OR INDUSTRY: U.S. Navy Dept
11. BIRTHPLACE (State or foreign country): Washington, D.C.
12. CITIZEN OF WHAT COUNTRY? America

13. FATHER'S NAME: James Walker
14. MOTHER'S MAIDEN NAME: Louis Hunter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. 576-12-1176
17. INFORMANT & ADDRESS: Mrs. Ida E. Johnson Box 104 Stinson Rd. Cabin John, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
443X IMMEDIATE CAUSE	(A) Cerebral Vascular Accident	4 hrs
ANTECEDENT CAUSE (S)	DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) Hypertensive Cardiovascular dis	4+ yrs
	DUE TO	
	(C) Arteriosclerosis	6+ yrs

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/24, 1955, to 1/28, 1955, that I last saw the deceased alive on 1/27, 1955, and that death occurred at 9:10 P.M., from the causes and on the date stated above.
SIGNATURE Charles Hammond M. D. ADDRESS 466 Battery Pl. DATE SIGNED 1/28/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)
DATE THEREOF
NAME OF CEMETERY OR CREMATORY
LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REGISTRAR 1/31/55
REGISTRAR'S SIGNATURE Benjamin Thompson
24. FUNERAL DIRECTOR W. Ernest Jarvis Co. ADDRESS 1432 You St NW

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00764

Item 9, Film 6175 1-17-55 et

00738

CERTIFICATE OF DEATH

Reg. Dist. No. 216

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: 15
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town) Bethesda
LENGTH OF STAY (in this place) 5
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Catherine (Middle) F (Last) Wallace

4. DATE OF DEATH: (Month) Jan (Day) 6 (Year) 1955

5. SEX: F | 6. COLOR OR RACE: C | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): M | 8. DATE OF BIRTH: 10/15/ | 9. AGE last birthday 39 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife | 10B. KIND OF BUSINESS OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): Va. | 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: [illegible] Fuqua | 14. MOTHER'S MAIDEN NAME: Carrie Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) | (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT & ADDRESS. George F. [illegible]

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Cerebral Anoxia — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Cardiac arrest during anesthesia — 5 minutes

DUE TO (C) For Hysterectomy

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Arteriosclerosis, Mitral, Obesity — 5 years

19A. DATE OF OPERATION: Jan 3, 1955 | 19B. MAJOR FINDINGS OF OPERATION: Myomata uteri | 20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 31, 1954, to Jan 6, 1955, that I last saw the deceased alive on Jan 6, 1955, and that death occurred at 9:05 A M, from the causes and on the date stated above.

SIGNATURE C. Richard A. Gilbert, M.D. ADDRESS 1801 K St. NW Wash, D.C. DATE SIGNED Jan 7, 55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial | DATE THEREOF 1-10-55 | NAME OF CEMETERY OR CREMATORY: Arlington Nat. Cem. | LOCATION (City, town, or county) (State): Va

DATE REC'D BY LOCAL REGISTRAR 1/7/55 | REGISTRAR'S SIGNATURE Bessie M. Thompson | 24. FUNERAL DIRECTOR: Messer & Woodward, Inc. | ADDRESS 1622-11th

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00765

00769

CERTIFICATE OF DEATH

Reg. Dist. No. .....

tem 9, Fil. 1-21-55 et

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
X CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda Rural
LENGTH OF STAY (in this place) In 12 days
51 HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District of Columbia COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington, D.C.
STREET ADDRESS (If rural give location) 3715 49th Street, N.W.

3. NAME OF DECEASED: (Type or Print) (First) Richard (Middle) Ambrose (Last) WARNER
4. DATE OF DEATH: (Month) January (Day) 6 (Year) 1955
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married
8. DATE OF BIRTH: 7-4-78
9. AGE last birthday: 76 Yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Physician
10B. KIND OF BUSINESS OR INDUSTRY: Mariner Retired
11. BIRTHPLACE (State or foreign country): Washington, D.C.
12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME: John WARNER
14. MOTHER'S MAIDEN NAME: Katherine T. KEATING
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes
If Yes, give war or dates of service: WW I Spanish American Unknown
16. SOCIAL SECURITY NO
17. INFORMANT & ADDRESS: Mrs. Mary R. WARNER (Wife) same as above

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
162X IMMEDIATE CAUSE	(A) Pulmonary edema	6 hours
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) DUE TO Bronchogenic carcinoma & metastases	1 yr (approx)
	(C) DUE TO	

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 24 Nov, 1954, to 6 Jan, 1955, that I last saw the deceased alive on 6 Jan, 1955, and that death occurred at 6:50 A.M., from the causes and on the date stated above.

SIGNATURE: B. L. CANADA CDR MC USN
ADDRESS: U. S. Naval Hospital, NNMC, Bethesda, Maryland
DATE SIGNED:

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: 10 Jan 1955
NAME OF CEMETERY OR CREMATORY: Arlington National Cemetery
LOCATION (City, town, or county) (State): Arlington, Virginia

DATE REC'D BY LOCAL REGISTRAR: JAN 10 1955
REGISTRAR'S SIGNATURE: Mary E. Farrelly
24. FUNERAL DIRECTOR: P. A. Plummer Funeral Home
ADDRESS: 7557 Wisconsin Avenue, Bethesda, Maryland

JAN
BUREAU N. A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00766

CERTIFICATE OF DEATH

00779 Reg. Dist. No.

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
X CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda rural
LENGTH OF STAY (in this place)
57 HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S.Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Virginia COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Alexandria 83X3
STREET ADDRESS (If rural give location) 2610 North Vandeventer Street

3. NAME OF DECEASED: (Type or Print) (First) Wayne (Middle) Wesley (Last) WATKINS Jr.

4. DATE OF DEATH: (Month) January (Day) (Year) 19

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single
8. DATE OF BIRTH: 21 January 1955
9. AGE last birthday yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours 4 Min. 39

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10B. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Wayne W. WATKINS
14. MOTHER'S MAIDEN NAME: Clarice O. ARNESON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Father: Wayne W. WATKINS 2610 North Vandeventer Street, Alexandria, Virginia

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

762.5 IMMEDIATE CAUSE (A) Atelectasis, Bilat. — INTERVAL BETWEEN ONSET AND DEATH: 4 hr. 37 min.

ANTECEDENT CAUSE (B) DUE TO Prematurity — 4 hr. 37 min.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 21 Jan, 1955, to 21 Jan, 1955, that I last saw the deceased alive on 21 Jan, 1955 and that death occurred at 9:05p M, from the causes and on the date stated above.

SIGNATURE Marius S. Allen — ADDRESS — DATE SIGNED
M. S. ALLEN LT MC USN U. S. Naval Hospital, NNMC, Bethesda, Maryland

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 1-28-55
NAME OF CEMETERY OR CREMATORY Arlington National Cemetery
LOCATION (City, town, or county) (State) Arlington, Virginia

DATE REC'D BY LOCAL REGISTRAR 1-28-55
REGISTRAR'S SIGNATURE Mary E. Farrelly
24. FUNERAL DIRECTOR 7557 Wisconsin Avenue
R. A. PUMPHREY Bethesda, Maryland 20152 9201

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00767

00659 **CERTIFICATE OF DEATH** Reg. Dist. No.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rockville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5705 Wicomico Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rockville
STREET ADDRESS (If rural give location) 5705 Wicomico Ave.

3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print) THOMAS H. WEAVER, Jr.

4. DATE OF DEATH: (Month) (Day) (Year) January 27, 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Single

8. DATE OF BIRTH: Sep. 27, 1947

9. AGE last birthday: 7 yrs. IF UNDER 1 YEAR: Months 4 Days 0 IF UNDER 24 HRS: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student

10B KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Bethesda, Md.

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Thomas H. Weaver, Sr.

14. MOTHER'S MAIDEN NAME: Frances F. Hash

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Thomas H. Weaves, Sr. - Item# 2

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

501X

IMMEDIATE CAUSE (A) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 3 days.

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C) Congenital microcephaly, with spasticity, convulsive syndrome, & mental retardation — Since birth.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: none

19B. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1947, 19.., to Jan. 27, 19 55, that I last saw the deceased alive on Jan. 26, 1955, and that death occurred at 5 A. M, from the causes and on the date stated above.

SIGNATURE Wm. R. Smithwick M.D. ADDRESS Rockville, Md. DATE SIGNED 1/27/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial- | DATE THEREOF 1-29-55 | NAME OF CEMETERY OR CREMATORY St. Mary's | LOCATION (City, town, or county) (State) Rockville, Md.

DATE REC'D BY LOCAL REGISTRAR 1/27/55 | REGISTRAR'S SIGNATURE Laurell K. Bragdon | FUNERAL DIRECTOR Robert A. Dunphey | ADDRESS Bethesda, Md.

RECEIVED
JAN 28 1955
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00771

CERTIFICATE OF DEATH

Reg. Dist. No. 215 00768

1. PLACE OF DEATH
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bethesda, Rural
LENGTH OF STAY (In this place) 2min
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5 U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery Prince Georges
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hyattsville
STREET ADDRESS (If rural give location) 1410 Langley Way 1615 2

3. NAME OF DECEASED: (Type or Print) (First) Baby (Middle) Girl (Last) WEISS

4. DATE OF DEATH (Month) January (Day) 30 (Year) 1955

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single
8. DATE OF BIRTH: 1-30-55
9. AGE last birthday: yrs
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / 2 Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10B. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Bethesda, Maryland
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: George C. WEISS
14. MOTHER'S MAIDEN NAME: Marjorie I. HEIMAN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service) - -
16. SOCIAL SECURITY NO. - -
17. INFORMANT & ADDRESS: Father Mr. George C. WEISS SAME AS ABOVE

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE 770.0
(A) Erythroblastosis fetalis, Congenital
DUE TO
ANTECEDENT CAUSE (S)
(B) Hydrops type -
DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST
(C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-30-55, 19 , to 1-30-55, 19 , that I last saw the deceased alive on 1-30-55, 19 , and that death occurred at 7:00A M, from the causes and on the date stated above.

SIGNATURE J. V. Caliguiri
ADDRESS J. V. CALIGUIRI LT MC USN U. S. Naval Hospital, NNMC, Bethesda, Maryland
DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation
DATE THEREOF 31 Jan 1955
NAME OF CEMETERY OR CREMATORY Cedar Hill Crematory
LOCATION (City, town, or county) (State) Prince George Co, Maryland

DATE REC'D BY LOCAL REGISTRAR 31 Jan 1955
REGISTRAR'S SIGNATURE Mary E. Farrelly
24. FUNERAL DIRECTOR R. A. Pumphrey Funeral Home
ADDRESS 7557 Wisconsin Avenue, Bethesda, Maryland

20153223386

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00769

00653 **CERTIFICATE OF DEATH**

Reg. Dist. No. 223

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND; CITY (If outside corporate limits, write RURAL) OR TOWN Takoma Park; LENGTH OF STAY (in this place) 29 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. San & Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring; STREET ADDRESS (If rural give location) 626 Ray Drive

3. NAME OF DECEASED: (First) Ada (Middle) Irene (Last) Wells.

4. DATE OF DEATH: (Month) 1 (Day) 17 (Year) 1955

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 7-17-83

9. AGE last birthday IF UNDER 1 YEAR: Months; IF UNDER 24 HRS.: Days, Hours, Min. 71 yrs.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Housewife

11. BIRTHPLACE (State or foreign country): D.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William S. Sammons.

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Wash. San & Hosp. records.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

155 X

IMMEDIATE CAUSE (A) Carcinoma of liver or gallbladder, DUE TO

ANTECEDENT CAUSE (B) (with Metastasis to Heart and DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) retra peritoneal tissues.)

INTERVAL BETWEEN ONSET AND DEATH: 6 mo

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. None

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21b. PLACE (Home, farm, factory OF INJURY street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August 1954 to Jan 17, 1955, that I last saw the deceased alive on Jan 16, 1955 and that death occurred at 8 40 A M, from the causes and on the date stated above.

SIGNATURE AND M.D. Leslie Harris M.D. ADDRESS 1011 Colesville Rd Silver Spring DATE SIGNED 1-17-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

DATE THEREOF: 1/19/55

NAME OF CEMETERY OR CREMATORY: Cedar Hill Cemetery

LOCATION (City, town, or county) (State): Prince George County, Md.

DATE REC'D BY LOCAL REGISTRAR: Jan 20 1955

REGISTRAR'S SIGNATURE: J. Wilson Dodd

24. FUNERAL DIRECTOR: Warner E. Pumphrey

ADDRESS: 8434 Georgia Ave. Silver Spring, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00770

00660 **CERTIFICATE OF DEATH** Reg. Dist. No. .....

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: Please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rockville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 109 Forest Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rockville
STREET ADDRESS (If rural give location) 301 West Montgomery Ave.

3. NAME OF DECEASED (Type or Print): (First) MARGARET (Middle) A.C. (Last) HIGGINS WELSH

4. DATE OF DEATH: (Month) Jan, (Day) 26, (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed

8. DATE OF BIRTH: 29 April 1856

9. AGE last birthday: 98 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Rockville, Maryland

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: John Higgins

14. MOTHER'S MAIDEN NAME: Sophia D. Barnard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Mrs Ernest Hartman-Rockville, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Myocardial failure — INTERVAL BETWEEN ONSET AND DEATH: 3 days.

ANTECEDENT CAUSE (S) DUE TO (B) Cerebral hemorrhage, Left Hemiplegia — 9 days

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) Arteriosclerosis — 10 years.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. None

19A. DATE OF OPERATION: None.

19B. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY .M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1930, 19 , to Jan. 26, 1955, that I last saw the deceased alive on Jan. 26, 1955, and that death occurred at 2:30 P.M., from the causes and on the date stated above.

SIGNATURE Wm. A. Faithauer M. D. ADDRESS Rockville, Md. DATE SIGNED Jan. 26, 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 1-29-55 — NAME OF CEMETERY OR CREMATORY Rockville Union — LOCATION (City, town, or county) (State) Rockville, Maryland

DATE REC'D BY LOCAL REGISTRAR 1/27/55 — REGISTRAR'S SIGNATURE Laurell K. Kraglup

24. FUNERAL DIRECTOR Edward A. Pumphrey — ADDRESS Bethesda, Md.

00772

00771

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 214

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
LENGTH OF STAY (in this place) 17 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 9401 Thornwood Dr

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Monty
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 9401 Thornwood Dr

3. NAME OF DECEASED: (Type or Print) (First) Henry (Middle) Russell (Last) Westcott Jr
4. DATE OF DEATH (Month) Jan (Day) 16 (Year) 1955

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE Last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W	Widower	5-23-1878	76 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Actor
10b. KIND OF BUSINESS OR INDUSTRY: Comedy Chaplin
11. BIRTHPLACE (State or foreign country): New York
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Henry Russell Westcott
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Mrs Helen Westcott (wife) Same as Item 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Coronary occlusion	Sudden
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b)	
DUE TO		
	(c)	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY
21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Fred V Bossehart M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 1-16-55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	1/19/54	Arlington National	Arlington, VA

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
1-17-55	Frances Slater	Joseph Gawler Sons 1756 Pa. Ave. N.W. D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16A - 5 - 53

D0561

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. 00372

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. .....

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Lincoln Park

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Montg
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Rockville
STREET ADDRESS (If rural, give location) Lincoln Park

3. NAME OF DECEASED: (Type or Print) (First) Richard (Middle) E (Last) Williams

4. DATE OF DEATH (Month) Jan (Day) 30 (Year) 19 55

5. SEX: Male

6. COLOR OR RACE: Col

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 9-29-54

9. AGE Last birthday yrs. IF UNDER 1 YEAR Months 4 Days — IF UNDER 24 HRS. Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Richard E. Lee

14. MOTHER'S MAIDEN NAME: Martha Williams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mother - Same as Item 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Bronchio-pneumonia — Found dead in bed

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Frank J. Brazetract M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 1-30-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 2-1-55

NAME OF CEMETERY OR CREMATORY Lincoln Park

LOCATION (City, town, or county) (State) Rockville, Md.

DATE REC'D BY LOCAL REG. 2-2-55

REGISTRAR'S SIGNATURE Lowell K. Bridwell

24. FUNERAL DIRECTOR Robert L. Snowden

ADDRESS Rockville, Md.

2094222405

VS. A15A - 5 - 53

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physic[illegible]: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

00773

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00773

CERTIFICATE OF DEATH

Reg. Dist. No. 217

1. PLACE OF DEATH
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 715 Justice Way

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 715 Justice Way

3. NAME OF DECEASED (Type or Print): (First) ANNE (Middle) JANE (Last) WILSON

4. DATE OF DEATH: (Month) JAN. (Day) 18 (Year) 1955

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED

8. DATE OF BIRTH: OCT. 25 1878

9. AGE last birthday: 76 yrs.

If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Brooklyn N.Y.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Peter Paul Graham

14. MOTHER'S MAIDEN NAME: unknown — Murphy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Ruth F. Whitehead, 715 Justice Way, S.S. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

Immediate cause (a) Cerebral Hemorrhage — Interval between onset and death: 1 d.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension — ?

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 15, 1955 to Jan. 18, 1955, that I last saw the deceased alive on Jan. 18, 1955, and that death occurred at 6:05 P m., from the causes and on the date stated above.

SIGNATURE: William D Aud (Degree or title) MD ADDRESS Silver Spring, Md. DATE SIGNED 1/18/55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Jan. 21, 1955 — NAME OF CEMETERY OR CREMATORY: Evergreen Cemetery — LOCATION (City, town, or county) (State): Brooklyn, N.Y.

DATE REC'D BY LOCAL REG.: 1-19-1955 — REGISTRAR'S SIGNATURE: Frances Potter

24. FUNERAL DIRECTOR: Chevy Chase Funeral Home — ADDRESS: 5103 Wisconsin Ave. N.W., D.C.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00774

00774

CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
X CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda Rural
LENGTH OF STAY (in this place) 15 hours
57 HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick 10-11-2
STREET ADDRESS (If rural give location) 514 Military Road

3. NAME OF DECEASED: (Type or Print) (First) Lu (Middle) Ann (Last) WULFF

4. DATE OF DEATH: (Month) January (Day) 5 (Year) 1955

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): S ingle
8. DATE OF BIRTH: 9-3-54
9. AGE last birthday yrs. IF UNDER 1 YEAR Months 4 Days 2 IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10B. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: William A. WULFF
14. MOTHER'S MAIDEN NAME: Carolyn EARNST

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) - -
16. SOCIAL SECURITY NO. - -
17. INFORMANT & ADDRESS: FATHER Mr. William A. WULFF same as above

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE 490X (A) Bilateral, Lobar, Staph Aureus Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 36 hrs.

ANTECEDENT CAUSE (S): DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
(B) DUE TO Common Cold — 1 wk.
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES X NO

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-4-55, to 1-5-55, that I last saw the deceased alive on 1-5-55, and that death occurred at 5:00AM, from the causes and on the date stated above.

SIGNATURE W. S. Mathews, M.D. ADDRESS W. S. MATHEWS LCDR MC USN U. S. Naval Hospital, NNMC, Bethesda, Maryland DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 7 Jan 1955
NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery
LOCATION (City, town, or county) (State) Frederick, Maryland

DATE REC'D BY LOCAL REGISTRAR 5 Jan 1955
REGISTRAR'S SIGNATURE Mary E. Donnelly
24. FUNERAL DIRECTOR & ADDRESS H. E. BITZER & SON Funeral Home 106 E Church St Frederick, Maryland

2094292295

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JAN 14 1955
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00775

00775

CERTIFICATE OF DEATH

Reg. Dist. No. 2-17

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Olney
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 73 Montgomery Co. Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Monty
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Gaithersburg RFD # 1-X
STREET ADDRESS (If rural give location) Griffith Rd.

3. NAME OF DECEASED: (First) (Middle) (Last) Zarnstorff
4. DATE OF DEATH: (Month) Jan (Day) 22 (Year) 1955

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): S.
8. DATE OF BIRTH: Jan 21, 1955
9. AGE last birthday ——— yrs. IF UNDER 1 YEAR Months / Days 1 IF UNDER 24 HRS. Hours 5 Min. 11

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Leslie P. Zarnstorff
14. MOTHER'S MAIDEN NAME: Margaret Louise Webb.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT & ADDRESS: Mrs. L. P. Zarnstorff, Gaithersburg Rt 1

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE 762.0	(A) Atelectasis	1 Day
ANTECEDENT CAUSE (S)	DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) Hyaline Membrane DUE TO	1 Day
	(C)	

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. —

19A. DATE OF OPERATION: —
19B. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/21, 1955, to 1/22, 1955, that I last saw the deceased alive on 1/22, 1955, and that death occurred at 6:30 P.M, from the causes and on the date stated above.
SIGNATURE M. D. ADDRESS Sandy Spring Md DATE SIGNED 1/22/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF Jan 24/55
NAME OF CEMETERY OR CREMATORY Poplar Hill
LOCATION (City, town, or county) Montgomery Co. Md. (State)

DATE REC'D BY LOCAL REGISTRAR 1-22-55
REGISTRAR'S SIGNATURE Belinda B Jarvis
24. FUNERAL DIRECTOR Roy W Barber
ADDRESS Poolesville Md

20152933334

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 27 19[illegible]
BUREAU V. S.